


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90257 013 \*\*\*150.00

**DOCUMENT # P94000075430**

1. Entity Name  
**COUNTRY MALL PLAZA CORP.**



Principal Place of Business      Mailing Address  
**2460 SW 137TH AVE SUITE 238**      **2460 SW 137TH AVE SUITE 238**  
**MIAMI, FL 33175**      **MIAMI, FL 33175**

**44044808**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04062004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0573336**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~A & A REGISTERED AGENT INC~~  
~~2450 SW 137 AVE~~  
~~STE 226~~  
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name **A & A Registered Agent, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable) **2450 SW 137 Avenue**  
**Suite 221**  
 City **Miami**      FL      Zip Code **33175**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gretel Rodriguez* **Gretel Rodriguez, President**      4/6/04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	OCHOA, CARMEN L	
STREET ADDRESS	2460 SW 137 AVE, STE 238	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADRIAN, ALVARO L	
STREET ADDRESS	2460 SW 137TH AVE SUITE 238	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04      (305) 221-1515  
 Date      Daytime Phone #