

APR-20-2005 14:57 From:

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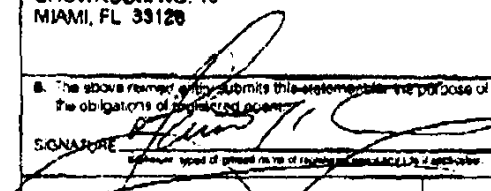
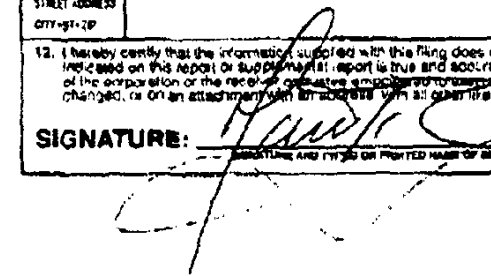
LERMAN & I

FILED

Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90340 011 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000064397			
1. Entity Name COMERCIAL MALLORCA, INC.			
Principal Place of Business MIAMI MERCHANDISE MART 755 NW 72ND AVE., SHOWROOM NO. 13 MIAMI, FL 33126		Mailing Address MIAMI MERCHANDISE MART 755 NW 72ND AVE., SHOWROOM NO. 13 MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0934951		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOYOS, CARLOS M 755 N.W. 72ND AVENUE SHOWROOM NO. 13 MIAMI, FL 33126		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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  DATE			
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P/D
NAME	HOYOS, CARLOS M	NAME	
STREET ADDRESS	4274 E SENECA AVE.	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33332	CITY-ST-ZIP	
TITLE	VP	TITLE	VA/D
NAME	FAIRICH, MARIA J	NAME	
STREET ADDRESS	4274 E SENECA AVE.	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33332	CITY-ST-ZIP	
TITLE		TITLE	SECRETARY/D
NAME		NAME	DANIEL HOYOS
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(a), 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 registered agent or authorized representative of the corporation 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 qualifications empowered.			
SIGNATURE: 		Date: 4/19/05	
PRINTED NAME AND TITLE OF REGISTERED AGENT OR DIRECTOR		Printed Name	