


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 317336 1. Entity Name MECHOSO STORE, INC.	
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Principal Place of Business 1672 S.W. 8TH STREET MIAMI, FL 33135	Mailing Address 1672 S.W. 8TH STREET MIAMI, FL 33135
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04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1165874	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MECHOSO, JULIO
1601 S.W. 12 AVENUE
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MECHOSO, OSCAR L
STREET ADDRESS	6750 SW 15TH ST
CITY - ST - ZIP	MIAMI, FL
TITLE	VD
NAME	MECHOSO, AMELIO
STREET ADDRESS	611 SW 24TH RD
CITY - ST - ZIP	MIAMI, FL
TITLE	SD
NAME	BAEZ, LAYDA
STREET ADDRESS	1145 SW 12TH ST
CITY - ST - ZIP	MIAMI, FL
TITLE	PD
NAME	MECHOSO, JULIO B
STREET ADDRESS	1601 SW 12TH AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	TD
NAME	MECHOSO, OSVALDO
STREET ADDRESS	134 NW 26TH AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000520459
05/02/06-80096-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

Daytime Phone #