

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90039 045 ***150.00

DOCUMENT # 317336 1. Entity Name MECHOSO STORE, INC.					
Principal Place of Business 1672 S.W. 8TH STREET MIAMI, FL 33135			Mailing Address 1672 S.W. 8TH STREET MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number 59-1165874	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MECHOSO, JULIO 1601 S.W. 12 AVENUE MIAMI, FL 33135			7. Name and Address of New Registered Agent Name Amelio Medhoso Street Address (P.O. Box Number is Not Acceptable) 1601 SW 12 Ave. City MIAMI FL 33135		
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  (OSVALDO MECHOSO) 7/4/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECHOSO, OSCAR L 6750 SW 15TH ST MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MECHOSO, AMELIO 611 SW 24TH RD MIAMI, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Medhoso Amelio 611 SW 24th Rd. MIA FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAEZ, LAYDA 1145 SW 12TH ST MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECHOSO, JULIO B 1601 SW 12TH AVE MIAMI, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTA Mechoso 1601 SW 12 Ave MIA FL <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MECHOSO, OSVALDO 134 NW 26TH AVE MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  (OSVALDO MECHOSO) 7/10/07 (305) 541 8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					

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