2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 494264

City-St-Zip:

MIAMI, FL

FILED Apr 28, 2009 Secretary of State

Entity Name: CUQUITO STORE CORPORATION					
Current Pr	incipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
2300 CORAL WAY SUITE 200 MIAMI, FL 33145			2996 NW 27 STREE MIAMI, FL 33142	2996 NW 27 STREET MIAMI, FL 33142	
Current Ma	ailing Addre	ess:	New Mailing Addres	New Mailing Address:	
2300 CORA SUITE 200 MIAMI, FL			2996 NW 27 STREE MIAMI, FL 33142	Т	
FEI Number:	59-1682841	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US			3030 NW 26 STREE	LOZANO, BARBARA B 3030 NW 26 STREET MIAMI, FL 33142 US	
The above in the State		submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	E: BARBAI	RA B. LOZANO		04/28/2009	
	Electro	onic Signature of Registered Age	nt	Date	
Election Carr	paign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (PRIETO, ROS 3030 N.W. 26 MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DTS (LOZANO, BAI 3032 N.W. 26 MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (LAZARO, MAI 3032 N.W. 26		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROSAURA PRIETO PD 04/28/2009