

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90031 014 ***150.00

DOCUMENT # 589751

1. Entity Name
LUCY'S MEAT MARKET CORPORATION



Principal Place of Business

Mailing Address

~~21708 NW 6TH ST~~
~~ST LAUDERDALE, FL 33311~~
1921 S.W. 162 AVENUE
MIRAMAR, FL 33027

~~9708 NW 6TH ST~~
~~ST LAUDERDALE, FL 33311~~
1921 S.W. 162 AVENUE
MIRAMAR, FL 33027

44016970



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1852679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HECHAVARRIA, VICTOR
1921 S.W. 162ND AVENUE
MIRAMAR, FL 33027

**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, 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	T
NAME	HECHAVARRIA, NELZA
STREET ADDRESS	1518 S.W. 186TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	P
NAME	HECHAVARRIA, PABLO
STREET ADDRESS	1518 SW 186TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	VP
NAME	HECHAVARRIA, VICTOR
STREET ADDRESS	1921 SW 162ND AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Victor Hechavarría
VICTOR HECHAVARRIA

3/18/04

954-668-5483