

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589751

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: LUCY'S MEAT MARKET CORPORATION

## Current Principal Place of Business:

1921 S.W. 162 AVE.  
HOLLYWOOD, FL 33027

## New Principal Place of Business:

2251 N.W. 77 TH WAY # 203  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

1921 S.W. 162 AVE.  
HOLLYWOOD, FL 33027

## New Mailing Address:

2251 N.W. 77 TH WAY # 203  
PEMBROKE PINES, FL 33024

FEI Number: 59-1852679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HECHAVARRIA, VICTOR  
2251 N.W. 77 TH WAY # 203  
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: HECHAVARRIA, NELZA,  
Address: 1518 S.W. 186TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P ( ) Delete  
Name: HECHAVARRIA, PABLO,  
Address: 1518 SW 186TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: HECHAVARRIA, VICTOR,  
Address: 1921 SW 162ND AVENUE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HECHAVARRIA, VICTOR,  
Address: 2251 N.W. 77 TH WAY # 203  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: VICTOR HECHAVARRIA

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date