


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90196 001 ***150.00
03-08-2006 90196 002 *****8.75

DOCUMENT # 589751	
1. Entity Name LUCY'S MEAT MARKET CORPORATION	

Principal Place of Business 2251 N.W. 77 TH WAY # 203 PEMBROKE PINES, FL 33024 <i>17308 SW 22CT. MIRAMAR, FL 33029</i>	Mailing Address 2251 N.W. 77 TH WAY # 203 PEMBROKE PINES, FL 33024 <i>17308 SW 22CT. MIRAMAR, FL 33029</i>
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1852679	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HECHAVARRIA, VICTOR 2251 N.W. 77 TH WAY # 203 PEMBROKE PINES, FL 33024 <i>17308 SW 22CT MIRAMAR, FL 33029</i>

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	T HECHAVARRIA, NELZA 1518 S.W. 186TH TERRACE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HECHAVARRIA, PABLO 1518 SW 186TH TERRACE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HECHAVARRIA, VICTOR 2251 N.W. 77 TH WAY # 203 PEMBROKE PINES, FL 33024 <i>17308 SW 22CT MIRAMAR, FL 33029</i>
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 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: *Victor Hechavarría* VICTOR HECHAVARRIA 2/21/06 954-668-5483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #