2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # G55663 1. Entity Name 03-21-2005 90098 028 ***158.75 MID-ATLANTIC PURVEYORS, INC. Principal Place of Business Mailing Address 7901 NW 67TH ST. 7901 NW 67TH ST. **50028373 MIAMI FL 33166 MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2466539 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERRANO, IVETTE A Street Address (P.O. Box Number is Not Acceptable) 14745 SW 147 CT **MIAMI FL 33196** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Change ☐ Addition TITLE Delete TITLE SERRANO, RICARDO SERRANO, RICHARDO NAME NAME 16300 GUIFCLUB RD WESTON FL 33326 7901 NW 67TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME SERRANO, ALBERTO NAME 7901 NW. 67TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Delete NAME SERRANO, IVETTE NAME STREET ADDRESS STREET ADDRESS 14745 SW 147 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete ☐ Change ☐ Addition SERRANO, ELSA H STREET ADDRESS 14912 SW 139 AVENUE STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP Detete TIFLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 made and the my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-10-05 305594-041s

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