2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE!

FILED May 02, 2005 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of Ste	
DOCUMENT # J133	· _		Secretary of Sta	l U
AUTÓ MERCADO LIMA NO	. 2 OF FLORIDA, INC.			
Principal Place of Business	Mailing Address 1160 SW 4TH ST - 1160 SW 4TH ST MIAMI, FL 33130 US		ו השור לו בעשווושוש ונחסום ווחסום ונחסום ונחסות בעוס מונע בעוסה שוואי שעמוא שעמוא בענס מואורטוו ו	
				
DO NOT W	RITE IN THIS SPA	CE	04282005 No Chg-P CR2E034 (10/03)	
		10L	4. FEI Number Applied For 59-2686855 Not Applicab	ole
6. Name and Address	s of Current Registered Agent	7	5. Certificate of Status Desired	
OW, CYNTHIA	. 4	7	DO NOT WRITE	
1435 SW 13TH STREET MIAMI, FL 33145			IN THIS SPACE	
=	·			
the above named entity submits this the obligations of registered agent.	statement for the purpose of changing its regist	ered office or registe	tered agent, or both, in the State of Florida. I am familiar with, and accept	pτ
SIGNATURE Signature, typed or printed name of	f registered agent and title if applicable (NOTE Regist	tered Agent Signature require	red when reinstating) DATE	
FILE NOW!!! FEE IS \$1 After May 1, 2005 Fee will		nancing \$5 on. D Add	5.00 May Be dded to Fees	
	FICERS AND DIRECTORS			
NAME OW, WA! S STREET ADDRESS 1160 S.W. 4TH STRE	:ET			
CITY-ST-ZIP MIAMI, FL TITLE S NAME CHOIE DE OW ROSA STREET ADDRESS 1160 S.W. 4TH STRE		-	000000352165 05/03/05-80017-006 150:00	
CITY-ST-ZIP MIAMI, FL TITLE NAME				
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
ITILE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS	,		- 	
CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information indicated on this report or supplier of the corporation or the received changed, or on an attachment of the corporation or the received the changed, or on an attachment of the corporation or the received the changed, or on an attachment of the corporation or the corporation or the corporation of the corporation	supplied with this filling does not qualify for the entire report is true and accurate and that my significate empowered to execute this report as reparted, with all other like empowered.	exemption stated in S mature shall have the quired by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information to same legal effect as if made under ceth; that I am an officer or direct 507, Florida Statutes; and that my name appears in Block 10 or Block 11) or ilf

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ∉