

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90002 015 \*\*\*\*61.25

**DOCUMENT # N05000011290**

1. Entity Name  
**MARY'S EDEN CORPORATION**



Principal Place of Business  
5114 SW 133 CT. DRIVE  
MIAMI, FL 33175

Mailing Address  
5114 SW 133 CT. DRIVE  
MIAMI, FL 33175

**50023386**



2. Principal Place of Business

3. Mailing Address

07272006 Chg-NP CR2E037 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

4. FEI Number

59-3828324

Applied For

Not Applicable

Zip

Country

Zip

Country

33265

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, RICHARD ESQ.  
1500 NW 107 AVE #200  
MIAMI, FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DIAZ LEON, MARCELA  
STREET ADDRESS 5114 SW 133 CT. DRIVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE VPD ☐ Delete  
NAME FROMETA, CARMEN R  
STREET ADDRESS 5114 SW 133 CT. DRIVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE SD ☐ Delete  
NAME PICCIONI, MARCELA JUNE  
STREET ADDRESS 5114 SW 133 CT. DRIVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE TD ☐ Delete  
NAME SEQUEIRA, RUTH  
STREET ADDRESS 5114 SW 133 CT. DRIVE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:** Carmen R Frometa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/06 305-226-6653  
Date Daytime Phone #