

2003
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED

04 FEB 24 AM 10:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #	P00000041825
1. Entity Name	
DAISY'S STORE, CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13820 SW 82nd Ave		13820 SW 82nd Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33158	USA	33158	USA

900027544319
 01/26/04--01011--029 **150.00

REINSTATEMENT

4. FEI Number	Applied For
65-1051935	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Maria M Camacho	
Street Address (P.O. Box Number is Not Acceptable)	
13820 SW 82nd Ave	
City	Zip Code
Miami	33158

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 Maria M. Camacho **DATE** 02/12/04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Maria M Camacho
STREET ADDRESS	13820 SW 82nd Ave
CITY-ST-ZIP	Miami, FL 33158
TITLE	Director
NAME	Francisco R. Camacho
STREET ADDRESS	13820 SW 82nd Ave
CITY-ST-ZIP	Miami, FL 33158
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Francisco R. Camacho **DATE** 1/15/2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FLORIDA

DEPARTMENT
OF REVENUE

POWER OF ATTORNEY and Declaration of Representative

ATX1
DR-835
R. 01/00**PART 1 POWER OF ATTORNEY****1. TAXPAYER INFORMATION** (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S).	FLORIDA TAX REGISTRATION NUMBER
(SSN, FEIN, etc.)	65-1051935	
DAISY'S STORE, CORP.		
13820 SW 82nd Ave		
Miami, FL 33158		DAYTIME TELEPHONE NUMBER
		()

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER (305) 661-6556
Eduardo Leiseca, EA 9655 So Dixie Hwy, Suite 113 Miami, FL 33156	FAX NUMBER (305) 661-5450
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER ()
	FAX NUMBER ()
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER ()
	FAX NUMBER ()

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS


TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)
Any and All	Any and all Florida Tax Matters	2000, 2001, 2002, 2003, 2004,
Any and All	Any and all Florida Tax Matters	2005

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform ANY AND ALL ACTS that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here  and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: Eduardo Leiseca, EA

Re-print Taxpayer Name(s): DAISY'S STORE, CORP.

Taxpayer ID # 65-1051935

• Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

• Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box ☐
- b. If you do not want any notices or communications sent to your representative, check this box ☐
- c. If you want the second representative listed to receive such notices and communications, check this box ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the SAME tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box ☐

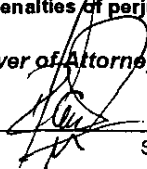
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, BOTH husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer.

Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

 _____ SIGNATURE	1/14/2004 _____ DATE	Director _____ TITLE (If Applicable)
Francisco R. Camacho _____ PRINT NAME		
_____ SIGNATURE	_____ DATE	_____ TITLE (If Applicable)
_____ PRINT NAME		

PART II - DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
C	2002-53296		1/14/2004

EDUARDO LEÍSECA, EA, PA
9655 So Dixie Hwy, Suite 113
Miami, FL 33156

Tel.: 305-661-6556

Fax: 305-661-5450

January 15, 2004

Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: DAISY'S STORE, CORP., Document # P00000041825, FEIN 65-1051935

Honorable Secretary of State:

This is to request the abatement of the penalty for the late filing of the above-referenced corporation's UBR for the year 2003 for the following reasons:

The address of the corporation changed to 13820 SW 82nd Ave, Miami, FL 33158 on July 1, 2002; in all probability your UBR for 2003 arrived after the postal forwarding service had expired.

Mrs. Maria M. Camacho suffered on the job injuries on September 9, 2002 which prevented her from any work activity until the summer of 2003. Please see attached independent medical examination report describing her situation during almost a year.

I am now in the process of preparing her corporate tax returns for the year 2002 and 2003 and discovered that the corporation was administratively dissolved by your department because of not filing the 2003 annual report.

I trust that these reasons will suffice for the granting of the abatement of penalty requested.

Thank you,



Enclosures:
2003 UBR
Check in the amount of \$150.00
Independent Medical Examination Report (4 pages)

Licensed to Represent Taxpayers Before the Internal Revenue Service

EDUARDO LEISECA, EA, PA
9655 So Dixie Hwy, Suite 113
Miami, FL 33156

Tel.: 305-661-6556

Fax: 305-661-5450

February 20, 2004

Florida Department of State

Re: DAISY'S STORE, CORP
Ref No. P 00000041825

Thank you for your letter of January 26th.

As requested, this is to clarify the second paragraph of my letter of January 15th: my client did not receive the original/second notice uniform business report (UBR).

Also, as instructed, Mrs. Maria M Camacho signed the 2003 UBR.

Again, thank you for your attention to this matter.

A handwritten signature in black ink, appearing to read "Eduardo Leisca", with a stylized flourish at the end.

Licensed to Represent Taxpayers Before the Internal Revenue Service