2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91045 034 ***150.00

DOCUMENT # P00000112581

1. Entity Name
VARIEDADES MARY, INC.

Principal Place of Business	Mailing Address
1290 WESTON RD., SUITE 306 WESTON, FL 33326	1290 WESTON RD., SUITE 306 WESTON, FL 33326

02192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9480 BOCA COVE CIR	9480 BOCA COVE CIR
Suite, Apt. #, etc.: Apt 401	Suite, Apt. #, etc.: Apt 401
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33428 Country: USA	Zip: 33428 Country: USA

4. FEI Number: 65-1134768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GBS CONSULTANTS
1290 WESTERN ROAD STE 306
FORT LAUDERDALE, FL 33326

7. Name and Address of New Registered Agent

Name: MARIA CUADRADO
Street Address (P.O. Box Number is Not Acceptable)
9480 BOCA COVE CIR, APT 401
City: BOCA RATON FL Zip Code: 33428

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 CUADRADO 02/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUADRADO, MARIA 1290 WESTERN RD STE 306 FORT LAUDERDALE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUADRADO, MARIA 9480 BOCA COVE CIR, Apt 401 BOCA RATON FL 33428	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD NAHR, EUCLIDES E 1290 WESTERN RD STE 306 FORT LAUDERDALE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD NAHR, EUCLIDES E 9480 BOCA COVE CIR, APT 401 BOCA RATON FL 33428	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NAHR, MARIA E 1290 WESTERN RD STE 306 FORT LAUDERDALE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NAHR, MARIA E 9480 BOCA COVE CIR. APT 401 BOCA RATON FL 33428	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MARIA CUADRADO 02/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #