

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000112581 1. Entity Name VARIEDADES MARY, INC.					
Principal Place of Business 9480 BOCA COVE CIR APT. 401 BOCA RATON, FL 33428			Mailing Address 9480 BOCA COVE CIR APT. 401 BOCA RATON, FL 33428		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1134768	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUADRADO, MARIA 9480 BOCA COVE CIR. APT. 401 BOCA RATON, FL 33428				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-stating) Signature, typed or printed name of registered agent and file if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 9480 BOCA COVE CIR, APT. 401 BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD NAHR, EUCLIDES E 9480 BOCA COVE CIR., APT. 401 BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NAHR, MARIA E 9480 BOCA COVE CIR. APT. 401 BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			U00000353062 05/03/05-80053-005 150.00		
SIGNATURE: x _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					