


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90018 032 ***150.00

DOCUMENT # P01000008954		
1. Entity Name MARIPOSA ENTERPRISES OF WESTON, INC.		

Principal Place of Business 15834 W. STATE RD. 84 SUNRISE, FL 33326	Mailing Address 15834 W. STATE RD. 84 SUNRISE, FL 33326
---	---

40061540



2. Principal Place of Business - No P.O. Box # 1960 N. Commerce Pkwy Suite 7		3. Mailing Address 1960 N. Commerce Pkwy	
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7	
City & State Weston FL		City & State Weston FL	
Zip 33326	Country U.S.A.	Zip 33326	Country U.S.A.

02262007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1133880	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent PAEZ, CRISTOBAL 15834 W. STATE RD. 84 SUNRISE, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1960 N. Commerce Pkwy Suite 7 City Weston FL Zip Code 33326	
---	--	--	--

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D PAEZ, CRISTOBAL 15834 W. STATE RD. 84 SUNRISE, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAEZ, LIDA 15834 W. STATE RD. 84 SUNRISE, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAEZ, CRISTOBAL 15834 W. STATE RD. 84 SUNRISE, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAEZ, CRISTOBAL 15834 W. STATE RD. 84 FORT LAUDERDALE, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-07

954 335 8181

Date

Daytime Phone #