

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90006 015 ***158.75

DOCUMENT # P01000058716

1. Entity Name
FRUCALI INTERNATIONAL, CORP.



Principal Place of Business
**7035 NW 186 ST
D-208
MIAMI, FL 33015**

Mailing Address
**7035 NW 186 ST
D-208
MIAMI, FL 33015**

54024536



2. Principal Place of Business
6272 NW 170 Terrace

3. Mailing Address
6272 NW 170 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1113017

- Applied For

Not Applicable

Zip

3315

Country

USA

Zip

33015

Country

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

**ARIAS GRISALES, GLADYS
7035 NW 186 ST
STE D-208
MIAMI, FL 33015**

Name

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

6272 NW 170 Terrace

City **Miami**

FL

Zip Code

33015

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

Gladys Arias
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/15/04

**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

TITLE **PD** ☐ Delete
NAME **ARIAS GRISALES, GLADYS**
STREET ADDRESS **7035 NW 186 ST., STE D-208**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6272 NW 170 Terrace**
CITY-ST-ZIP **Miami, FL 33015**

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

TITLE ☐ Change ☐ Addition
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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 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:

Gladys Arias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/04