

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90058 017 ***150.00

DOCUMENT # P01000085953

1. Entity Name

MINIMARKET NICARAGUENSE CORP.



Principal Place of Business

**1302 W FLAGLER ST
MIAMI FL 33135**

Mailing Address

**1730 W BRIGHT DR
6
HIALEAH FL 33010**

11010404



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Mini Market Nicaraguense

3. Mailing Address

1302 W flagler st

City & State

Miami

City & State

FL

4. FEI Number

65-1133726

Applied For

Not Applicable

Zip

33135

Country

Zip

Country

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

**MARRERO, SAYDA
1302 W FLAGLER ST
MIAMI FL 33135**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-29-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☒ Delete
NAME **MARRERO, SAYDA C**
STREET ADDRESS **1730 W BRIGHT DR APT 6**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **D** ☐ Delete
NAME **MARRERO, SAYDA C**
STREET ADDRESS **1730 W BRIGHT DR APT 6**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Sayda C Marrero** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1302 W flagler st**
CITY-ST-ZIP **Miami FL 33135**

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

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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:

Sayda C Marrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-04

Date

305-642-3483

Daytime Phone #