

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90253 027 ***150.00

DOCUMENT # P01000120660

1. Entity Name
DE NINA A MUJER, INC.



Principal Place of Business
5958 W. 16TH AVE
HIALEAH, FL 33012

Mailing Address
5958 W. 16TH AVE
HIALEAH, FL 33012

50041724

2. Principal Place of Business
1490 W 49 PL
Suite, Apt. #, etc.
440
City & State
Hialeah, FL
Zip
33012
Country
USA

3. Mailing Address
1490 W 49 PL
Suite, Apt. #, etc.
440
City & State
Hialeah, FL
Zip
33012
Country
USA



03082005 Chg-P CR2E034 (10/03)

4. FEI Number
26-0019977

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, CARIDAD
5958 W. 16TH AVE.
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1490 W 49 PL
Suite 440
City
Hialeah FL Zip Code
33012

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMOS, NELSON F	
STREET ADDRESS	5958 W. 16TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMOS, MONICA F	
STREET ADDRESS	5958 W. 16TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1490 W 49 PL No 440	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1490 W 49 PL No 440	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramos, Caridad	
STREET ADDRESS	1490 W 49 PL No 440	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Monica F. Ramos SD 3/8/05 305-8258722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #