

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90670 001 \*\*\*150.00

**DOCUMENT # P02000010162**

1. Entity Name

**MUJICA TECHNOLOGIES INC.**



Principal Place of Business

**13971 SW 140TH ST  
MIAMI FL 33186**

Mailing Address

**13971 SW 140TH ST  
MIAMI FL 33186**

2. Principal Place of Business

**15531 SW 109 Ter.**  
Suite, Apt. #, etc.

3. Mailing Address

**15531 SW 109 Ter.**  
Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip  
**33196**

Country

**USA**

City & State

**Miami, FL**

Zip  
**33196**

Country

**USA**

4. FEI Number

**80-0036267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MUJICA, ALBERTO  
14201 S W KENDALL DRIVE, #D-306  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

**Mujica, Alberto**

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

**15531 SW 109 Ter.**

City

**Miami**

FL

Zip Code

**33196**

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

*Alberto Mujica*

**ALBERTO MUJICA**

**4/1/04**

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, 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 **PST** ☐ Delete  
NAME **MUJICA, ALBERTO**  
STREET ADDRESS **14201 S W KENDALL DRIVE, #D-306**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VP** ☒ Delete  
NAME **MUJICA, ANTONIO**  
STREET ADDRESS **13971 SW 140TH ST**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **T** ☐ Delete  
NAME **MUJICA, TONY**  
STREET ADDRESS **13971 SW 140TH ST**  
CITY-ST-ZIP **MIAMI FL 33186**

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Alberto Mujica*

**ALBERTO MUJICA**

**4/1/04**

**(305) 219-8613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #