

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000040551**

1. Entity Name  
**MARIACHI MEXICO INTERNACIONAL, INC.**



**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90221 020 \*\*\*155.00

Principal Place of Business  
**2211 S.W. 138 CT**  
**MIAMI, FL 33175**

Mailing Address  
**2211 S.W. 138 CT**  
**MIAMI, FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192004

Chg-P

CR2E034 (10/03)

4. FEI Number

**APPLIED FOR**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MUNERA, ELIAS**  
**2211 S.W. 138 CT**  
**MIAMI, FL 33175**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P**  
**MUNERA, ELIAS**  
**2211 S.W. 138 CT**  
**MIAMI, FL 33175**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-04 305-2971899**

Date

Daytime Phone #

Attachment 66430408  
#P02000040551

I'm Sorry this is the corrected Form.

Not Applicable: ☒

thanks, I'm Apologize for that