


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 001 ***150.00

DOCUMENT # P02000062402 1. Entity Name BOTANICA & PET SHOP LUCUMI, INC.					
Principal Place of Business 13675 SW 26 STREET MIAMI, FL 33175			Mailing Address 13677 SW 26 STREET MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13675 Sw 26 St. Suite, Apt. #, etc.			
City & State Zip		City & State Miami FL Zip 33175		4. FEI Number 02-0675128	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTINEZ, ELIO 13677 S.W. 26 ST. MIAMI, FL 33175			7. Name and Address of New Registered Agent Name: Martinez, Elio Street Address (P.O. Box Number is Not Acceptable): 13675 Sw 26 Street City: Miami FL Zip Code: 33175		
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, ELIO 13677 S W 26 STREET MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O Martinez, Elio 13675 Sw 26 Street Miami FL 33175
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-14-07 <small>Daytime Phone #</small>		

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