

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90415 048 \*\*\*150.00

DOCUMENT # P02000106957

1. Entity Name  
MAVIC HOLDING CORP.



Principal Place of Business  
4245 PALMETTO TRAIL  
WESTON, FL 33331

Mailing Address  
4245 PALMETTO TRAIL  
WESTON, FL 33331

*@/o Lopez Accounting*

2. Principal Place of Business

3. Mailing Address

*1800 W. 49 St*



Suite, Apt. #, etc.

Suite, Apt. #, etc.

*201*

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

*Hialeah, FL*

4. FEI Number

43-1977080

Applied For

Not Applicable

Zip

Country

Zip

*33012*

Country

*USA*

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

CLAVIJO, HUGO M  
4245 PALMETTO TRAIL  
WESTON, FL 33331

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

PD  
CLAVIJO, HUGO M  
4245 PALMETTO TRAIL  
WESTON, FL 33331

TITLE NAME ☐ Delete

VD  
AZCARATE, BEATRIZ E  
4245 PALMETTO TRAIL  
WESTON, FL 33331

TITLE NAME ☐ Delete

SD  
NORALES, GLORIA  
4245 PALMETTO TRAIL  
WESTON, FL 33331

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

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STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
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:

*Beatriz Azcarate* BEATRIZ AZCARATE 3/04/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-875-3532