

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000135400**

1. Entity Name  
**CEVICHE HOUSE OF MARANON, INC.**



Principal Place of Business  
**13448 BISCAYNE BLVD.  
NORTH MIAMI, FL 33183**

Mailing Address  
**13448 BISCAYNE BLVD.  
NORTH MIAMI, FL 33183**



06262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3732670**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOPEZ, WILLIAM  
13448 BISCAYNE BLVD.  
NORTH MIAMI, FL 33183**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LOPEZ, WILLIAM  
STREET ADDRESS 13448 BISCAYNE BLVD.  
CITY-ST-ZIP NORTH MIAMI, FL 33183

TITLE COPD  
NAME LOPEZ, RICARDO  
STREET ADDRESS 13448 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI, FL 33183

TITLE S  
NAME ROJAS, TERESA  
STREET ADDRESS 13448 BISCAYNE BLVD.  
CITY-ST-ZIP NORTH MIAMI, FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000576509  
09/08/06-80001-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/06  
Date

305-947-0324  
Daytime Phone #