

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000112260
1. Entity Name
 C & M MARKET CORPORATION

FILED
 04 MAY -7 PM 12:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1399 West 78 Terrace		3. Mailing Address 1399 West 78 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Florida 33014		City & State Hialeah Florida 33014	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0708758 ☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name MADRIGAL, CLARA R.

Street Address (P.O. Box Number is Not Acceptable)
 1399 West 78th Terrace

City Hialeah **FL** **Zip Code** 33014


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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MADRIGAL, CLARA R. 1399 West 78 Terrace Hialeah FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000036279320 05/13/04--01084--012 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST REYNO, MIRENA 1399 West 78 Terrace Hialeah FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/29/04 (305) 362-9139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #