


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90438 012 ***158.75

DOCUMENT # P03000121610			
1. Entity Name MARICUCHA MARKET, INC.			
Principal Place of Business 1528 NW 7TH AVE MIAMI FL 33136		Mailing Address 1528 NW 7TH AVE MIAMI FL 33136	
2. Principal Place of Business		3. Mailing Address 831 N. VENETIAN DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FLA.	
Zip	Country	Zip	Country
33139		U.S.A.	



MOORE CR2E034 (11/03)

4. FEI Number 20-0343060		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired SC		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DIAZ, PLACIDO 831 N VENETIAN DR MIAMI FL 33139			
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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PS DIAZ, PLACIDO 831 N VENETIAN DR MIAMI FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:

PLACIDO DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/04 305-216-1193