

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90014 034 \*\*\*150.00

**DOCUMENT # P04000062776**

1. Entity Name

**MARIACHI DE MUJERES CORP**



Principal Place of Business

**10321 SW 147TH COURT CIRCLE  
UNIT 11  
MIAMI FL 33196**

Mailing Address

**10321 SW 147TH COURT CIRCLE  
UNIT 11  
MIAMI FL 33196**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-1130958**

Applied For

Not Applicable

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

**TORANZO, ILEANA  
10321 SW 147TH COURT CIRCLE  
UNIT 11  
MIAMI, FLORIDA FL 33196**

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, 2006 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **TORANZO, ILEANA**  
CITY-ST-ZIP **10321 SW 147 CT CIRCLE, # 11  
MIAMI FL 33196**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

**4/27/06**

**786-290-2121**

Please detach and return this portion with your payment.  
If you are paying more than one bill, enclose all bill payment coupons.

DR-100  
R. 06/05

MARICHI DE MUJERES CORP  
10321 SW 147TH COURT CIR APT 11  
MIAMI FL 33196-1663

**Make check or money order payable to:**

**Total Due : \$150.00**  
**Additional Interest/Penalty : \$**

**FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0135**

Amount Enclosed: 150. 00

9 4698 E4ET000004 6 5505002000 0E405002 0 00000

OK # 1038