

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90193 046 \*\*\*150.00

**DOCUMENT # P04000162041**

1. Entity Name

CARMEN CONVENIENCE STORE INC.



Principal Place of Business

1800 N.E. 114 STREET  
NORTH MIAMI FL 33181

Mailing Address

1800 N.E. 114 STREET  
NORTH MIAMI FL 33181



2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

1st MOORE

CR2E034 (10/05)

City & State

*SAME*

City & State

*SAME*

4. FEI Number

20-1956253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MIGUEL  
13890 CYPRESS COURT  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name *HERNANDEZ Fernando*

Street Address (P.O. Box Number is Not Acceptable)

*13890 Cypress Ct*

City *Miami Lakes FL*

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*X Miguel Ruiz*

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, MIGUEL	
STREET ADDRESS	13890 CYPRESS COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, CARMEN L	
STREET ADDRESS	13890 CYPRESS COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	<i>Hernandez Fernando</i>	<input type="checkbox"/> Delete
NAME	<i>13890 Cypress Ct</i>	
STREET ADDRESS	<i>Miami Lakes FL 33014</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Miguel Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/21/06* *305-893-6200*  
*305-335-3567*

Date

Daytime Phone #