

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90104 011 ***150.00

DOCUMENT # P05000157227

1. Entity Name

VITA CYPRESS MARKET, INC



Principal Place of Business

5709 KNEELAND LANE
TAMPA FL 33625

Mailing Address

5709 KNEELAND LANE
TAMPA FL 33625

2. Principal Place of Business

3255 W CYPRESS ST

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

HILLSBOROUGH

Zip

Country

4. FEI Number

76-0807678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRASCO, RENE VITA
5709 KNEELAND LANE
TAMPA FL 33625

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: types 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 \$150.00

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 PSTD ☐ Delete
NAME CARRASCO, RENE VITA
STREET ADDRESS 5709 KNEELAND LANE
CITY-ST-ZIP TAMPA FL 33625

TITLE VP ☐ Delete
NAME CARRASCO, RENE VITA
STREET ADDRESS 5709 KNEELAND LANE
CITY-ST-ZIP TAMPA FL 33625

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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:

Rene Vita Carrasco

Rene Vita Carrasco-Pres.

04/29/06 (813) 884-8103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

60038009
#P05000157227



FRANCISCO MAYORQUIN

ACCOUNTANT
MAYORQUIN ACCOUNTING
P.O. BOX 4423
TAMPA, FLORIDA 33677

Telephone 884-8103

Secretary of State
Division of Corporations
P. O. Box 6850
Tallahassee, Florida 32314

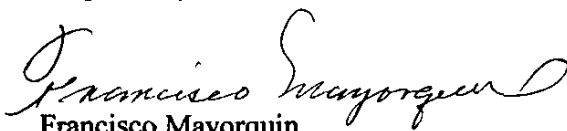
May 2, 2006

Dear Sir.

Attached you will find Corporation Annual Report for Vita Cypress Market, Inc. and check in the amount of \$ 150.00. in payment of Corporation Fees. This is my client's first year in business and first time filing this report. The owner had a change of address causing the form to be mailed to their old address and then re-routed to their new one, causing them to receive it late. Also, at that time I was admitted in a hospital ill.

For the above reasons, I am asking that you abate or forgive any penalty or late charge that they may have accrued.

Respectfully,


Francisco Mayorquin
Bookkeeper