

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000076193 1. Entity Name MARTHA BARATO Y CALIDAD, INC.					
Principal Place of Business 527 E 9 STREET #4 & 5 HIALEAH, FL 33010			Mailing Address 527 E 9 STREET #4 & 5 HIALEAH, FL 33010		
2. Principal Place of Business - No P.O. Box # 624 EAST 9 STREET		3. Mailing Address 624 EAST 9 STREET			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA		4. FEI Number 20-4977281	
Zip 33010		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIDAL, MARTHA L 430 E. 55TH STREET HIALEAH, FL 33013-1559		7. Name and Address of New Registered Agent Name VIDAL, MARTHA L Street Address (P.O. Box Number is Not Acceptable) 624 EAST 9 STREET City HIALEAH FL Zip Code 33010			
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. <div style="display: flex; justify-content: space-between;"> SIGNATURE _____ 07/16/2007 DATE </div> <small>(NOTE: Registered Agent signature required when reissuing)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P VIDAL, MARTHA L 9 SUFFOLK AVE. HIALEAH, FL 33010	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300105639438 07/24/07--01051--013 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:				07/16/2007 305-863-2006	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

FILED
 07 JUL 19 AM 3:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA