

Apr. 28, 2005 10:10AM

No. 9656 P. 2

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 A
Secretary of State

DOCUMENT # P95000005455	
1. Entity Name MEXICO MARKET, INC.	

Principal Place of Business 407 PARK PLACE HOMESTEAD, FL 33030	Mailing Address PEREZ BEHAR & ASSOC, P.A. 13935 NW 1ST AVENUE MIAMI, FL 33168
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0545765	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARBALLO, DELIA A 19351 SW 296 ST HOMESTEAD, FL 33030	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Sign Name, Typed or Printed Name of registered agent and the State of Florida. (NOTE: Registered Agent's signature required when resigning) DATE _____

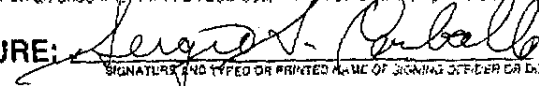
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARBALLO, SERGIO S 19351 SW 296 ST HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARBALLO, DELIA A 19351 SW 296 ST HOMESTEAD, FL
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05/03/05-80152-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: 	4/28/05 (305) 248-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #