## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000059974

2704 NW 72 AVENUE

MIAMI, FL 33122 US

Address:

City-St-Zip:

Entity Name: MIAMI MERCHANDISE LIQUIDATORS CORPORATION

FILED Apr 06, 2004 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
2704 NW MIAMI, FL	72 AVENUE 33122 US			8657 N.W. 1A LANE MIAMI, FL 33126 US		
Current N	lailing Address	s:	New Maili	New Mailing Address:		
2704 NW MIAMI, FL	72 AVENUE 33122 US					
FEI Number	: 65-0710832	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	ew Registered Agent:	
LAU, CEC 2704 NW MIAMI, FL	72 AVENUE					
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered off	ice or registered agent, or both,	
SIGNATUI						
Flection Car		c Signature of Registered Age  Trust Fund Contribution ( ).	ent		Date	
	S AND DIRECT		ADDITION	IS/CHANGES 1	O OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () DELGADO, MIRI 2704 NW 72 AVI MIAMI, FL 3312	ENUE	Title: Name: Address: City-St-Zip:	P (X) DELGADO, MIRI 8657 N.W. 1A LA MIAMI, FL 3312	ANE	
Title: Name: Address: City-St-Zip:	VP (X) LAU, CECILIA 2704 NW 72 AVI MIAMI, FL 3312		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T (X) LAU, PEDRO 2704 NW 72 AVI MIAMI, FL 3312		Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name:	S (X) HERNANDEZ, E	Delete DUARDO	Title: Name:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MIRIAM DELGADO P 04/06/2004