2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000042555

1. Entity Name
MI RANCHITO MEAT MARKET INC.

4UUJJ4UU

Principal Place of Business	Mailing Address
744 S. BLUFORD AVE. OCOEE, FL 34761	744 S. BLUFORD AVE. OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

03062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3446663	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

D'VORAS, HARRIS D
5141 GARLANGER TRAIL
OVIEDO, FL 32765

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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 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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PDST
NAME	MUNGIA, LEONEL
STREET ADDRESS	744 S BLUFORD AVE.
CITY-ST-ZIP	OCOEE, FL 34761

TITLE	SDST
NAME	MUNGUIA, OLGA
STREET ADDRESS	744 S BLUFORD AVE.
CITY-ST-ZIP	OCOEE, FL 34761

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #