

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90006 044 ***150.00

DOCUMENT # P98000039185

1. Entity Name
EUNICE'S PLACE INC.



Principal Place of Business
20718 NW 3 CT.
PEMBROKE PINES, FL 33029 US

Mailing Address
20718 NW 3 CT.
PEMBROKE PINES, FL 33029 US

2. Principal Place of Business - No P.O. Box #
1193 Winterville St.

3. Mailing Address
1193 Winterville Street

Suite, Apt. #, etc.

City & State
Deltona, Florida

City & State
Deltona, Florida

Zip
32725

Country
USA

Zip
32725

Country
USA

03262007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0833418

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, ADOLFO
20718 NW 3 CT.
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name
Garcia, Adolfo

Street Address (P.O. Box Number is Not Acceptable)
1193 Winterville Street

City
Deltona

FL Zip Code
32725

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 **Adolfo Garcia** **03/27/07**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, EUNICE 4220 WEST 19TH AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ADOLFO 20718 NW 3 CT. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, CARMEN 4220 WEST 19TH AVENUE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1193 Winterville Street Deltona, Florida, 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1193 Winterville Street Deltona, Florida, 32725
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"/> Change <input checked="" type="checkbox"/> Addition SD EUSEBIA D. Garcia. 1193 Winterville Street Deltona, Florida, 32725
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"/> 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 19, 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: **Adolfo Garcia**

03/27/07 954-232-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #