

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000102657

1. Entity Name
MHARTECH SERVICE, INC.



Principal Place of Business

15166 S.W. 94 TERR
MIAMI, FL 33196

Mailing Address

15166 S.W. 94 TERR
MIAMI, FL 33196

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0901103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, MARIA H
15166 SW 94 TERR.
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 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

VD
RAMIREZ, CARLOS
15166 SW 94 TERR
MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SANCHEZ, MARVIN
15166 SW 94 TERR
MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
SANCHEZ JR, MARVIN J
15166 SW 94 TERR
MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SANCHEZ, MARIA H
15166 SW 94 TERR
MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000035821290
05/10/04--01074--021 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #