

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000013470**



1. Entity Name  
**WHITE MART INC.**

Principal Place of Business  
**10135 SW 156 AV  
MIAMI, FL 33196**

Mailing Address  
**10135 SW 156 AV  
MIAMI, FL 33196**



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0893340**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BLANCO-MARTINEZ, MAYRA  
10135 SW 156 AV  
MIAMI, FL 33196**

**DO NOT WRITE  
IN THIS SPACE**

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	PS
NAME	BLANCO-MARTINEZ, MAYRA
STREET ADDRESS	7600 S.W. 19 STREET
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	VP
NAME	MARTINEZ, CRUZ
STREET ADDRESS	7600 S.W. 19 STREET
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	MARTINEZ-BLANCO, MARIANA DE LOS A
STREET ADDRESS	7600 SW 19 ST
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	MARTINEZ-BLANCO, MAYRE ANDREA A
STREET ADDRESS	7600 SW 19 ST
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	MARTINEZ-BLANCO, MAYRA DESIREE A
STREET ADDRESS	EDIFICIO IRENE PH-3, AV FRANCISCO
CITY - ST - ZIP	LAS RUICAS, CARACAS, VA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

070000146967  
05/03/04-65063-012 150.00

**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 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

**MAYRA BLANCO-MARTINEZ**

Date

**4/26/04**

Daytime Phone #

**(305)  
386-7860**