

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000151425

**FILED  
May 05, 2009  
Secretary of State**

**Entity Name:** MENDOZA SERVICES INC

**Current Principal Place of Business:**

114 EAST SUMTER ST.  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

114 EAST SUMTER ST.  
MINNEOLA, FL 34715

**New Mailing Address:**

**FEI Number:** 20-0480593      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KABA CONSULTING INC  
214 E WASHINGTON ST.  
SUITE A  
MINNEOLA, FL 34715 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MENDOZA, JOSE M  
Address: 114 EAST SUMTER ST  
City-St-Zip: MINNEOLA, FL 34715 US

Title: VP ( ) Delete  
Name: SANCHEZ, CRISTINA  
Address: 114 EAST SUMTER ST  
City-St-Zip: MINNEOLA, FL 34715 US

Title: DIR ( ) Delete  
Name: GARCIA, YURIDIA  
Address: 114 EAST SUMTER ST  
City-St-Zip: MINNEOLA, FL 34715 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JOSE M MENDOZA

P

05/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date