## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 08:00 AM Secretary of State

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DOCUMENT # P99000107706  1. Entity Name MEXICO GRANDE, INC.				Secretary of State			
Principal Place 1899 N. HIGI CLEARWATER	HLAND AVE.	Mailing Address 1899 N. HIGHLAND AVE. CLEARWATER, FL 33755					
DO NOT WRITE IN THIS SPA			CE	04122004 4. FEI Numb 59-361	No Chg-P	CR2E034 (10	
6. Name and Address of Current Registered Agent COUDOUX, JOHN E W 1899 N. HIGHLAND AVE. CLEARWATER, FL 33755			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  Standard, based or profiled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered  9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May 8e led to Fees	1100000 04/21/04	0121887 -80007-004	150.00
TO.  TOTE  MAME  STREET ADDRESS  CITY-ST-ZIP  INTE  NAME  STREET ADDRESS  CITY-ST-ZIP  THLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ITHLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND DIRI D COUDOUX, JOHN W 1899 N HIGHLAND AVE CLEARWATER, FL 33755	ECTORS			NOT W THIS SF		
NAME STREET ANDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(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 replayer 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:

CITY-ST-ZIP

BILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR SIPPETOR

4-19-04

Daytime Phone #