

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-07-2004 90044 013 ***150.00

DOCUMENT # 663243

1. Entity Name

MENDOZAS STORES, CORP.



Principal Place of Business

**770 S.W. 47 AVENUE
MIAMI FL 33134**

Mailing Address

**770 S.W. 47 AVENUE
MIAMI FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1958530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENDOZA, MARCOS C.
5251 S.W. 5 STREET
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33134

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	MENDOZA, MARCOS C	
STREET ADDRESS	5251 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	☒ Delete
NAME	MENDOZA, ADELAIDA	
STREET ADDRESS	5251 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	T	☒ Delete
NAME	MENDOZA, MARCOS C	
STREET ADDRESS	5251 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	☒ Delete
NAME	MENDOZA, MARCOS C.	
STREET ADDRESS	5251 S.W. 5 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Change ☐ Addition
NAME	MENDOZA, MARCOS C	
STREET ADDRESS	5251 SW 5TH STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	S	☐ Change ☐ Addition
NAME	MENDOZA, ADELAIDA	
STREET ADDRESS	5251 SW 5TH STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	T	☐ Change ☐ Addition
NAME	MENDOZA, MARCOS C.	
STREET ADDRESS	5251 SW 5TH STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	SD	☐ Change ☐ Addition
NAME	MENDOZA, MARCOS C	
STREET ADDRESS	5251 SW 5TH STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marcos Mendoza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

* FORM WAS INCORRECTLY CHECKED ☒ DELETE IN ERROR.
ALL OFFICERS AND ADDRESSES REMAIN THE SAME *Marcos Mendoza*