


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 663243</b> 1. Entity Name MENDOZAS STORES, CORP.	
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Principal Place of Business 770 S.W. 47 AVENUE MIAMI, FL 33134	Mailing Address 770 S.W. 47 AVENUE MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1958530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MENDOZA, MARCOS C. 5251 S.W. 5 STREET MIAMI, FL 33134
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENDOZA, MARCOS C 5251 SW 5TH STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MENDOZA, ADELAIDA 5251 SW 5TH STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MENDOZA, MARCOS C 5251 SW 5TH STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MENDOZA, MARCOS C. 5251 S.W. 5 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/07/05-80035-014 150.00

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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 MARCOS MENDOZA	Date 3/3/05 Daytime Phone # (305) 448-2455
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