


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 663243
 1. Entity Name
MENDOZAS STORES, CORP.



Principal Place of Business Mailing Address
770 S.W. 47 AVENUE **770 S.W. 47 AVENUE**
MIAMI, FL 33134 **MIAMI, FL 33134**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1958530 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000443564
 03/06/06-80015-008 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 C MENDOZA 1/31/06 (305) 448-2455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARCOS C MENDOZA