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May 16, 2008 8:00 am
Secretary of State
05-16-2008 90022 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 663243

1. Entity Name
MENDOZA'AS STORE CORP.

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40103343

2. Principal Place of Business	3. Mailing Address
5251 SW 5th ST	5251 SW 5th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33134 Country: USA	Zip: 33134 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1958530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name MARCOS MENDOZA
Street Address (P.O. Box Number is Not Acceptable) 5251 SW 5th ST
City MIAMI 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

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

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marcos Mendoza — 4/22/08 — 305-448-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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