



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 034 ***150.00

DOCUMENT # G22413 1. Entity Name EL ZAPOTAL INCORPORATED					
Principal Place of Business 8135 NW 93RD STREET MEDLEY, FL 33166			Mailing Address 8135 NW 93RD STREET MEDLEY, FL 33166		
2. Principal Place of Business 199 OCEAN LANE DRIVE Suite, Apt. #, etc. UNIT 305 City & State KEY BISCAYNE, FL 33149		3. Mailing Address 199 OCEAN LANE DRIVE Suite, Apt. #, etc. UNIT 305 City & State KEY BISCAYNE, FL			
Zip 33149		Country US		4. FEI Number 59-2265698	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VIDAN, ORESTES 8135 NW 93RD STREET MEDLEY, FL 33166			7. Name and Address of New Registered Agent Name JOSE R. BATTLE Street Address (P.O. Box Number is Not Acceptable) 199 OCEAN LANE DRIVE UNIT 305 City KEY BISCAYNE FL Zip Code 33149		
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATTLE, JOSE R 8135 NW 93RD STREET MEDLEY, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATTLE, JOSE R. 199 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jose R. Battle</u>			1-9-04 305-267-7730		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		