

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90532 006 ****70.00

DOCUMENT # N01000008374

1. Entity Name

QUETZALCOATL THEOCALLI INC.



Principal Place of Business
622 E VINE ST
KISSIMMEE, FL 34744

Mailing Address
622 E VINE ST
KISSIMMEE, FL 34744

14007295



2. Principal Place of Business

2865 Michigan Ave

3. Mailing Address

2865 Michigan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172004

Chg-NP

CR2E037 (10/03)

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3749784

Applied For

Not Applicable

Zip

34744

Country

Oseola

Zip

34744

Country

Oseola

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JORGE A
251 ST VILLAGE CT STE 202
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PEREZ, JORGE A
STREET ADDRESS 251 ST CLOUD VILLAGE CT STE 202
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE D ☐ Delete
NAME ALVAREZ, RAFAEL
STREET ADDRESS 9708 HAMMOCKS BLVD STE 101
CITY-ST-ZIP MIAMI, FL 33196

TITLE D ☐ Delete
NAME VALADEZ, ELAINNE
STREET ADDRESS 249 ST CLOUD VILLAGE CT STE 201
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 617, 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

Date

Daytime Phone #

April 22, 2004
(407) 892-8167