

**2005**  
**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90383 029 \*\*\*\*\*70.00

DOCUMENT # **01000008374**

1. Entity Name

**Quitزالcoatl Theocalli, Inc**

**DO NOT WRITE IN THIS SPACE**

**\* NEW ADDRESS \***

2. Principal Place of Business

**105 East Carroll St,**

3. Mailing Address

**105 East Carroll St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Kissimmee, Fl.**

City & State

**Kissimmee, Fl.**

Zip

**34744**

Country

**USA**

Zip

**34744**

Country

**USA**

4. FEI Number

**59-3749784**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**PEREZ, JORGE A.**

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

**251 Saint Cloud Village Ct, Suite 202,**

City

**Kissimmee**

**FL**

Zip Code

**34744**

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **PEREZ, JORGE A**  
STREET ADDRESS **251 St cloud Village Ct, Suite 202**  
CITY-ST-ZIP **Kissimmee, Fl. 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  
NAME **ALVAREZ, RAFAEL**  
STREET ADDRESS **251 St cloud Village Ct, Suite 202**  
CITY-ST-ZIP **Kissimmee, Fl 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  
NAME **Valadez, Eflanne**  
STREET ADDRESS **249 St cloud Village Ct, Suite 201**  
CITY-ST-ZIP **Kissimmee, FL. 34744**

TITLE  
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CITY-ST-ZIP

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**R Alvarez**

**April 27/2005**

**(407)  
414-9097**

CR2E037B (12/01)