

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008374

FILED  
May 06, 2007  
Secretary of State

Entity Name: QUETZALCOATL THEOCALLI INC.

## Current Principal Place of Business:

105 E CARROL ST  
KISSIMMEE, FL 34744

## New Principal Place of Business:

105 EAST CARROL STREET  
KISSIMMEE, FL 34744

## Current Mailing Address:

105 E CARROL ST  
KISSIMMEE, FL 34744

## New Mailing Address:

FEI Number: 59-3749784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PEREZ, JORGE A  
4925 PARK VIEW DRIVE  
SAINT CLOUD, FL 34771      US

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: JORGE A PEREZ

05/06/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: PEREZ, JORGE A  
Address: 251 ST CLOUD VILLAGE CT STE 202  
City-St-Zip: KISSIMMEE, FL 34744

Title: D      ( ) Delete  
Name: ALVAREZ, RAFAEL  
Address: 251 ST CLOUD VILLAGE CT STE 202  
City-St-Zip: KISSIMMEE, FL 34744

Title: D      ( ) Delete  
Name: VALADEZ, ELIANNE  
Address: 251 ST CLOUD VILLAGE CT STE 202  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: PEREZ, JORGE A  
Address: 4925 PARK VIEW DRIVE  
City-St-Zip: SAINT CLOUD, FL 34771

Title: D      (X) Change ( ) Addition  
Name: ALVAREZ, RAFAEL  
Address: 4925 PARK VIEW DRIVE  
City-St-Zip: SAINT CLOUD, FL 34771

Title: D      (X) Change ( ) Addition  
Name: VALADEZ, ELIANNE  
Address: 4925 PARK VIEW DRIVE  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL ALVAREZ

D

05/06/2007

Electronic Signature of Signing Officer or Director

Date