

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90216 002 ****70.00

DOCUMENT # N01000008374

1. Entity Name

QUETZALCOATL THEOCALLI INC.



Principal Place of Business

105 EAST CARROL STREET
KISSIMMEE FL 34744

Mailing Address

105 E CARROL ST
KISSIMMEE FL 34744

NEW ADDRESS



2. Principal Place of Business - No P.O. Box #

105 E. CARROLL ST.

3. Mailing Address

4925 PARK VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Kissimmee, FL.

City & State

Saint Cloud, FL.

4. FEI Number

59-3749784

Applied For

Not Applicable

Zip

34744

Country

osceola

Zip

34771

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name N/A

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	<input type="checkbox"/> Delete
NAME	PEREZ, JORGE A	
STREET ADDRESS	4925 PARK VIEW DRIVE	
CITY-ST-ZIP	SAINT CLOUD FL 34771	OK✓
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, RAFAEL	
STREET ADDRESS	4925 PARK VIEW DRIVE	
CITY-ST-ZIP	SAINT CLOUD FL 34771	OK✓
TITLE	D	<input type="checkbox"/> Delete
NAME	VALADEZ, ELIANNE	
STREET ADDRESS	4925 PARK VIEW DRIVE	
CITY-ST-ZIP	SAINT CLOUD FL 34771	OK✓
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVONNE OGUENDO	
STREET ADDRESS	4925 PARK VIEW DR.	
CITY-ST-ZIP	SAINT CLOUD, FL. 34771	
TITLE	(SECRETARY-TREASURER)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE:

Rafael Alvarez - Sub Director 04/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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