

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000008811

1. Entity Name
TEPEYAC MISSION, INC.



Principal Place of Business
**4415 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410**

Mailing Address
**4415 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410**



DO NOT WRITE IN THIS SPACE

04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0379802

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAPATA, JAIME
4415 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410**

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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. 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000310687

04/18/05 80014-015 81.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAPATA, JAIME
STREET ADDRESS	4415 HOLLY DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	VD
NAME	SALTOS, MIRIAM L MS.
STREET ADDRESS	4320 LILAC STREET, AP. 3A
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TD
NAME	CARRILLO, MATILDE
STREET ADDRESS	3 HALIDON COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-14-05

Date

(561) 627-4845

Daytime Phone #