

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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**



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0379802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$81.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAPATA, JAIME 4415 HOLLY DR PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRILLO, MATILDE 3 HALIDON COURT WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CEDIEL, RAFAEL 157-80 78TH DRIVE N PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVESTRE, MAYNOR 4655 ARTHUR ST PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000886102
04/18/08-90042-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jaime Zapata Jaime Zapata 4/03/08 (56) 714-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #