

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 029 ****70.00

DOCUMENT # N03000008702

1. Entity Name

CLUB MEXICO, INC.



Principal Place of Business

C/O REYGADAS & ASSOCIATES, INC.
201 S BISCAYNE BLVD 28 FLOOR
MIAMI FL 33131

Mailing Address

C/O REYGADAS & ASSOCIATES, INC.
201 S BISCAYNE BLVD 28 FLOOR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYGADAS, JOSE A
C/O REYGADAS & ASSOCIATES, INC.
201 S BISCAYNE BLVD 28 FLOOR
MIAMI FL 33131

Name

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, 2004

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	CEO & VP	<input type="checkbox"/> Delete
NAME	JAI ME ESCANDON	
STREET ADDRESS	2600 SW 30th AVE - SUITE 950	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MARCO RUBI	
STREET ADDRESS	2600 SW 30th AVE - SUITE 950	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FELIX CORTES	
STREET ADDRESS	2600 SW 30th AVE - SUITE 950	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAI ME ESCANDON/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/04

Date

305-3509155

Daytime Phone #