

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006140

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** TE ESCUCHO MUJER, INC.

**Current Principal Place of Business:**

117 CLYDE AVE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

413 CHERRY ST  
KISSIMMEE, FL 34744

**Current Mailing Address:**

117 CLYDE AVE  
KISSIMMEE, FL 34741

**New Mailing Address:**

413 CHERRY ST  
KISSIMMEE, FL 34744

**FEI Number:** 27-0490962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYES, ALTAGRACIA  
139 PUELBA LANE  
KISSIMMEE, FL 34743 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REYES, ALTAGRACIA  
Address: 139 PUELBA LN  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP  
Name: TORRES, ESTELA  
Address: 2800 THERESA DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: T  
Name: MANON, MAURANO  
Address: 2800 THERESA DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: S  
Name: ROSA, ELIZABETH  
Address: 13403 FAIRWAY GLEN DR APT 201  
City-St-Zip: ORLANDO, FL 32824

I hereby 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 all other like empowered.

**SIGNATURE:** ALTAGRACIA REYES

**DIRE**

**04/29/2010**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date