

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000014967



1. Entity Name
DISCOTECA MEXICO LINDO, INC.

Principal Place of Business
302 NEW MARKET ROAD
IMMOKALEE, FL 34142

Mailing Address
302 NEW MARKET ROAD
IMMOKALEE, FL 34142



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3624421

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

GUTIERREZ, MARIO
302 WEST NEW MARKET RD
IMMOKALEE, FL 34142

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUTIERREZ, MARIO
STREET ADDRESS	17 SW 96TH COURT
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VD
NAME	MOLINA, MAGALIS
STREET ADDRESS	6683 SW 133RD COURT
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	SD
NAME	MOLINA, MAGALIS
STREET ADDRESS	6683 S.W. 133RD COURT
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000163242
07/06/04-80005-016 550.00

**DO NOT WRITE
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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11, 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

Magalís T. Molina

6-30-04

Date

Daytime Phone #