

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000082573

1. Entity Name

TREVINO GROCERY & MEAT MARKET INC.



Principal Place of Business

606 S. DILLARD ST.
WINTER GARDEN, FL 34787

Mailing Address

606 S. DILLARD ST.
WINTER GARDEN, FL 34787



07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3648638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREVINO, JOEL
10632 2ND AVE.
OCOE, FL 34761

**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 reissuing)

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	P
NAME	TREVINO, JOEL
STREET ADDRESS	10632 2ND AVE.
CITY - ST - ZIP	OCOE, FL 34761
TITLE	M
NAME	BARRAGAN, MARIA
STREET ADDRESS	339 WINDFORD CT.
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	S
NAME	JASSO, CANDIDA
STREET ADDRESS	1341 W. POINT VILLAS BLVD. #201
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000167285
07/19/04-80019-007 558.75

**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)(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 607, 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

Date

Daytime Phone #

MARIA T. BARRAGAN

7-13-04 407-905-0404