

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90074 014 ***158.75

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1. Entity Name

DISCOTECA MEXICO LINDO #2, CORP.



Principal Place of Business

3738 PALM BEACH BLVD
FT MYERS FL 33905

Mailing Address

3738 PALM BEACH BLVD
FT MYERS FL 33905

44023307



MOORE

CR2E034 (11/03)

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

65-1152202

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

MOLINA, EBERT
232 DANBY ROAD
LEE HIGH ACRES FL 33936

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

T
NAME GONZALEZ, ZORAIDA ADDYS
STREET ADDRESS 211 LEE BLVD
CITY-ST-ZIP LEE HIGH ACRES FL 33936 ☐ Delete

DP
NAME MOLINA, EBERT
STREET ADDRESS 232 DANBY RD
CITY-ST-ZIP LEE HIGH ACRES FL 33936 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME GONZALEZ, ZORAIDA ADDYS
STREET ADDRESS 2306 ORANGE ST
CITY-ST-ZIP LEE HIGH ACRES FL 33972 ☒ Change ☐ Addition

DP
NAME MOLINA, EBERT
STREET ADDRESS 621 Jefferson Ave
CITY-ST-ZIP LEE HIGH ACRES FL 33972 ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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 #

3-30-04