

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90025 040 \*\*\*158.75

**DOCUMENT # P01000099519**  
 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

**66004285**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 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  
**MOLINA, EBERT**  
**232 DANBY ROAD**  
**LEE HIGH ACRES FL 33936**

7. Name and Address of New Registered Agent  
 Name **MOLINA EBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**621 Jefferson Ave**  
 City **Lehigh Acres** FL Zip Code **33972**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2005 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 GONZALEZ, ZORAIDA ADDYS 2306 ORANGE ST LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete
DP EBERT, MONICA 621 JEFFERSON AVE LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT EBERT MOLINA 621 JEFFERSON AVE LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ebert Molina President 2/1/05 2916936744  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #