

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90048 007 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099519
1. Entity Name DISCOTECA MEXICO LINDO #2 CORP

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60006751

2. Principal Place of Business 3738 PALM BEACH BLVD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State FT MYERS, FL	City & State
Zip 33906 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1152202	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name MOLINA, EBERT	
Street Address (P.O. Box Number is Not Acceptable) 621 JEFFERSON AVE	
City LEHIGH ACRES	State 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 EBERT MOLINA **DATE** 1/17/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, EBERT 621 JEFFERSON AVE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORIS, YORBELL 621 JEFFERSON AVE LEHIGH ACRES, FL 33972
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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: EBERT MOLINA, PRESIDENT **DATE** 1/17/2006 **(239) 693-6344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #