

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/4/2004-90156-050-\$150.00-\$150.00

DOCUMENT # P01000109662

1. Entity Name
MISTER TEQUENO INTERNATIONAL, INC.



Principal Place of Business
11210 NW 73 TERRACE
MIAMI, FL 33178

Mailing Address
11210 NW 73 TERRACE
MIAMI, FL 33178

FILED

04 JUN 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1153774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HART, DAVID J
21 SE 1ST AVENUE 10TH FLOOR
MIAMI, FL 33131

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CEDENO, ELISAUL
STREET ADDRESS 21 SE 1 AVENUE 10TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME CEDENO, ELIZABETH J
STREET ADDRESS 21 SE 1 AVENUE 10TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME APOLLINI-CABUOTO, VINCENZO
STREET ADDRESS 21 SE 1 AVENUE 10TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 #

6/8/04