

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000001656

1. Entity Name  
ACAPULCO FILM STORE, INC.



Principal Place of Business  
12350 SW 132 CT #207  
MIAMI, FL 33186

Mailing Address  
12350 SW 132 CT #207  
MIAMI, FL 33186

**FILED  
Jan 20, 2004 8:00 am  
Secretary of State**

01-20-2004 90039 046 \*\*\*150.00



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0027701	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JARAMILLO, YOLANDA  
12350 SW 132 CT #207  
MIAMI, FL 33186

**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 PSD  
NAME PINEDA, ANTONIO W  
STREET ADDRESS 8831 SW 142 AVE #1912  
CITY-ST-ZIP MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

01/15/04  
Date

Daytime Phone #