

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000006481

1. Entity Name  
LA PINATA ENTERPRISES, INC.



Principal Place of Business  
2822 REKER HWY.  
WINTER HAVEN, FL 33880

Mailing Address  
2822 REKER HWY.  
WINTER HAVEN, FL 33880



04102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0012842

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ARCE, JOSE D  
2822 REKER HWY.  
WINTER HAVEN, FL 33880-POL

**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

*J. Jesus Arce*

4/19/04  
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

000000128548  
04/23/04-80038-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
P  
ARCE, JOSE D  
2822 REKER HWY.  
WINTER HAVEN, FL 33880

TITLE  
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CITY ST ZIP

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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

*J. Jesus Arce*

4/19/04  
Date

Daytime Phone #