

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018790

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** CASTILLO DE MEXICO STORES, INC.

**Current Principal Place of Business:**

1015 10TH AVN. SOUNT  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

1015 10TH AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4255 RIPKEN CIRCLE WEST  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 38-3678276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTTLE, WILLIAM A  
4255 RIPKEN CIRCLE WEST  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COTTLE, WILLIAM A  
Address: 4255 RIPKEN CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: T  
Name: COTTLE, WILLIAM A  
Address: 4255 RIPKEN CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP  
Name: MEZA, JORGE  
Address: 12114 BASALT DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S  
Name: MEZA, JORGE  
Address: 12114 BASALT DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM A. COTTLE

P

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date