

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/14

FILED
Aug 09, 2004 8:00 am
Secretary of State

07-14-2004 90007 007 ***150.00

66431562



07072004 No Chg-P CR2E034 (10/09)

4. FEI Number
04-3645518

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVID, LOUIS
9141 CYPRESS GREEN DRIVE, SUITE 2
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity admits 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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESCAMILLA, NICOLAS
STREET ADDRESS	5781 BENEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	JAIME, RAYMUNDO C
STREET ADDRESS	P.O. BOX 60691
CITY-ST-ZIP	SAVANNAH, GA 314200691
TITLE	D
NAME	ESCAMILLA, JOSE
STREET ADDRESS	5761 BENEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Deputy Phone #

904 226 0067



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 15, 2004

MI TIERRA SPANISH GROCERY #2, INC.
5761 BENEY ROAD
JACKSONVILLE, FL 32216

Subject: MI TIERRA SPANISH GROCERY #2, INC.

Reference Number: P02000031679

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION