

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000038780



1. Entity Name
TEXPOP AMERICA, INC.

Principal Place of Business
741 W. 26 STREET
HIALEAH, FL 33010 US

Mailing Address
741 W. 26 STREET
HIALEAH, FL 33010 US

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3639712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
ONE S.E. THIRD AVENUE, STE. 2250
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

B. 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 _____ (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

U00000089771
 03/16/04-80002-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOLAS, JOSE S 741 W. 26 STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOLAS, JOSE M 741 W. 26 STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOLAS, JOSE M 741 W. 26 STREET HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MICHAEL A. HAZLETT **3-11-04** **305-471-7797**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #