

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90060 002 ***150.00

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1. Entity Name
MI PUEBLITO TIENDA MEXICANA, INC.



Principal Place of Business
451 W SILVER STAR ROAD
OCOE, FL 34761

Mailing Address
451 W SILVER STAR ROAD
OCOE, FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062004 Chg-P CR2E034 (10/03)

4. FEI Number
06-1646677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CENDEJAS, ESTHER
451 W SILVER STAR ROAD
OCOE, FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DP
STREET ADDRESS LUNA, IBAN
CITY-ST-ZIP 9467 COMEAU ST
GOTHA, FL 34734 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Ad

TITLE
NAME DVP
STREET ADDRESS CONDESAS, ESTHER
CITY-ST-ZIP 9467 COMEAU ST
GOTHA, FL 34734 ☐ Delete

TITLE
NAME cendejas, esther
STREET ADDRESS 121 n. Cumberland ave.
CITY-ST-ZIP OCOE, FL 34761 ☒ Change ☐ Ad

TITLE
NAME DS
STREET ADDRESS LUNA, ANGEL G
CITY-ST-ZIP 9467 COMEAU ST
GOTHA, FL 34734 ☐ Delete

TITLE
NAME
STREET ADDRESS 121 n. Cumberland ave
CITY-ST-ZIP OCOE, FL 34761 ☒ Change ☐ Ad

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don Luna*

3/12/04 407-905-9262