


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000097615 1. Entity Name MI PUEBLITO TIENDA MEXICANA, INC.	
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Principal Place of Business 451 W SILVER STAR ROAD OCOE, FL 34761	Mailing Address 451 W SILVER STAR ROAD OCOE, FL 34761
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04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1646677	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CENDEJAS, ESTHER 451 W SILVER STAR ROAD OCOE, FL 34761

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUNA, IBAN 9467 COMEAU ST GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CENDEJAS, ESTHER 121 N. CUMBERLAND AVE. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUNA, ANGEL G 121 N. CUMBERLAND AVE OCOE, FL 34761
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05/15/06-80017-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/26/06
Date

Daytime Phone #