

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000101005

1. Entity Name
EL BODEGON GROCERY #2, INC.



**FILED
Mar 14, 2005 8:00 am
Secretary of State**

03-14-2005 90111 041 ***150.00

50026060



03072005 Chg-P CR2E034 (10/03)

Principal Place of Business
6128 S CONGRESS AVE.
LAKE WORTH, FL 33462

Mailing Address
% MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number
54-2072223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G-III
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name MARIO G. DE MENDOZA, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Blvd., Suite 1302

City Wellington FL Zip Code 33414

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.

MARIO G. DE MENDOZA, III, P.A.

SIGNATURE By *Mario G. de Mendoza, III, Pres.*

Mario G. de Mendoza, III, Pres.

3/7/05

Signature, typed or printed name of registered agent in block if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP Delete
NAME ORTIZ, CARLOS M
STREET ADDRESS 14930 HORSESHOE TRACE.
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE DV Delete
NAME RINCON, GLORIA P
STREET ADDRESS 135 WESTWOOD CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE DT Delete
NAME RINCON, GULLERMO A
STREET ADDRESS 12260 OLD COUNTRY RDY
CITY-ST-ZIP W PALM BCH, FL 33414

TITLE S Delete
NAME RINCON, CARLOS M
STREET ADDRESS 6128 S CONGRESS AVE.
CITY-ST-ZIP LAKE WORTH, FL 33462

TITLE Delete

TITLE Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Carlos M. Ortiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos M. Ortiz, Pres. *(561) 967-2121*

Date

Daytime Phone #