

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/26/04

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-26-2004 90032 001 ***150.00

DOCUMENT # P02000124384			
1. Entity Name VILLA MENDOZA, INC.			
Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126		Mailing Address C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE ROAD, SUITE 324 MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 27-0049127		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 N.W. LE JEUNE ROAD SUITE 324 MIAMI, FL 33126		7. Name and Address of New Registered Agent 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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CARLOS-MENENDEZ, JUAN 1804 PONCE DE LEON BLVD CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 owner of the property involved 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 attached list of officers, with all other like empowered.			
SIGNATURE: 		3/23/04	
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Daying Phone #	