

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90041 033 ***150.00

DOCUMENT # P02000134376					
1. Entity Name TEQUILA ENTERPRISES, INC.					
Principal Place of Business 12145 S. CLEVELAND AVENUE FORT MYERS, FL 33907			Mailing Address 12145 S. CLEVELAND AVENUE FORT MYERS, FL 33907		
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 20-0131103	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, CARMEN 12145 S. CLEVELAND AVENUE FORT MYERS, FL 33907			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, CARMEN 12145 S. CLEVELAND AVENUE FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RUFINO 12145 S CLEVELAND AVE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> 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 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR			Date 3/15/05 Daytime Phone #		

40037068



03142005 Chg-P CR2E034 (10/03)

Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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D
MARTINEZ, CARMEN
12145 S. CLEVELAND AVENUE
FORT MYERS, FL 33907

☐ Delete

TITLE
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CITY-ST-ZIP
D
RODRIGUEZ, RUFINO
12145 S CLEVELAND AVE
FORT MYERS, FL 33907

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