

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000038206 1. Entity Name ALMENDARES POLO, INC.	
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Principal Place of Business 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414	Mailing Address 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3682999	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414	DO NOT WRITE IN THIS SPACE
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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 _____
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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	000000280237 03/12/05-80016-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIO G. DE MENDOZA, III 12765 FOREST HILL BLVD. #1302 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MENDOZA, MARIO DE G III 12765 FOREST HILL BLVD. STE 1302 WEST PALM BEACH, FL 33414
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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)(l), 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: 	Mario G. de Mendoza, III, President	3/09/05 (561) 784-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #