

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000038206

1. Entity Name
ALMENDARES POLO, INC.



Principal Place of Business
**12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON, FL 33414**

Mailing Address
**12765 FOREST HILL BLVD.
SUITE 1302
WELLINGTON, FL 33414**



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3682999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARIO G. DE MENDOZA, III
STREET ADDRESS	12765 FOREST HILL BLVD. #1302
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	PTS
NAME	MENDOZA, MARIO DE G III
STREET ADDRESS	12765 FOREST HILL BLVD. STE 1302
CITY-ST-ZIP	WEST PALM BEACH, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/13/08-80096-015 150.00

**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
Mario G. de Mendoza III, President

4-22-08
Date

Daytime Phone #