

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90061 035 ***150.00

DOCUMENT # P03000083326

1. Entity Name
LA BODEGAS, INC.



Principal Place of Business
**16604 MEADOW GROVE STREET
TAMPA, FL 33624**

Mailing Address
**16604 MEADOW GROVE STREET
TAMPA, FL 33624**

94019166

2. Principal Place of Business
2716 East Fowler Avenue

3. Mailing Address
2716 East Fowler Avenue



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132004 Chg-P CR2E034 (10/03)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
11-3699016

Applied For
Not Applicable

Zip
33612

Country
USA

Zip
33612

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGLIS, JOHN S
101 E KENNEDY BLVD STE 2800
TAMPA, FL 33602**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/VP** ☐ Delete
NAME **FERNANDEZ, ROBERT J JR**
STREET ADDRESS **16604 MEADOW GROVE STREET**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P Bernal, Jairo**
STREET ADDRESS **2716 East Fowler Avenue**
CITY-ST-ZIP **Tampa, Florida 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S/T Pajaro, Ana L.**
STREET ADDRESS **2716 East Fowler Avenue**
CITY-ST-ZIP **Tampa, Florida 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP Bernal, Adriana**
STREET ADDRESS **2716 East Fowler Avenue**
CITY-ST-ZIP **Tampa, Florida 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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: **Robert J. Fernandez, Jr.** **02/13/2004** **813/979-9077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #