2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/6

FILED
Aug 11, 2005 8:00 am
Secretary of State

07-06-2005 90032 036 ***150.00
08-11-2005 90002 003 ***408.75

50060998

07012005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000152233

1. Entity Name
TIENDA MEXICANA, INC.

Principal Place of Business	Mailing Address
217 NORTH 15TH STREET IMMOKALEE, FL 34142	217 NORTH 15TH STREET IMMOKALEE, FL 34142

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: 06-1715314 ☐ Applied For ☐ Not Applicable

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
PUENTE, ANTONIO 217 NORTH 15TH STREET IMMOKALEE, FL 34142	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 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST PUENTE, ANTONIO 217 NORTH 15TH STREET IMMOKALEE, FL 34142 ☐ 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	VP NOE LEAL 217 North 15 Street IMMOKALEE, FL 34142 ☐ 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 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: ______ 6/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

TIENDA MEXICANA, INC
217 N. 15TH ST
IMMOKALEE, FL 34142

P06000998

8/8/06

STATE OF FL.
DIVISION OF CORP.
P.O. BOX 1500
TALLAHASSEE, FL
32302-1500

DEAR SIRS, REF.# P03000152233

PLEASE NOTE FULL PAYMENT. $408.75
PLEASE ALSO ISSUE A CERTIFICATE OF STATUS. THANK YOU.

SINCERELY

ANTONIO PUENTE
PRESIDENT