

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000036793

1. Entity Name
LA MEXICANA MARKET, INC.



Principal Place of Business
**29745 S.W. 143 COURT
LEISURE CITY, FL 33033**

Mailing Address
**29745 S.W. 143 COURT
LEISURE CITY, FL 33033**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0716795

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JAIMES, ARTURO
29745 S.W. 143 COURT
LEISURE CITY, FL 33033**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000591751
01/19/07-80035-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAIMES, ARTURO 29745 S.W. 143 COURT LEISURE CITY, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAIMES, MARIA BEIDA 29745 S.W. 143 COURT LEISURE CITY, FL 33033
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Date

Daytime Phone #

1/09/07 (305) 248-1129