

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000098528

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ATLIXCO FOOD OF LEHIGH ACRES, INC.

**Current Principal Place of Business:**

2814 LEE BOULEVARD  
UNITS 12 & 13  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

3333 RENAISSANCE BLVD.  
209  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 26-0867293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, FRANK  
3333 RENAISSANCE BOULEVARD  
SUITE 209  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MORALES, DELFINO M  
Address: 11514 EAST TAMiami TRAIL  
City-St-Zip: NAPLES, FL 34113

Title: VPD  
Name: MONTES, MARIA C  
Address: 11514 EAST TAMiami TRAIL  
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DELFINO MORALES

PD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date