

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000007684

1. Entity Name
R & M TODO GIGANTE INC.



Principal Place of Business

6518 YUCATAN DR.
ORLANDO, FL 32807-4965

Mailing Address

6518 YUCATAN DR.
ORLANDO, FL 32807-4965

2. Principal Place of Business - No P.O. Box #

6518 Yucatan

3. Mailing Address

6518 Yucatan

Suite, Apt. #, etc.

Dr

Suite, Apt. #, etc.

Dr

City & State

Orlando +1

City & State

Orlando +1

Zip

32807

Country

Orange

Zip

32807

Country

U.S.A

04202011

Chg-P

CR2E034 (11/08)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIETO, ALEJANDRO J
2700 N. MACDILL AVE. SUITE #215
TAMPA, FL 33607

7. Name and Address of New Registered Agent

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

4/26/2011

FILE NOW!!! FEE IS \$150.00
After May 1, 2011 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ESQUIVEL, MERCEDES L ☐ Delete
STREET ADDRESS 6518 YUCATAN DR.
CITY-ST-ZIP ORLANDO, FL 328074965

TITLE V
NAME VALDIVIA, RAUL E ☐ Delete
STREET ADDRESS 6518 YUCATAN DR.
CITY-ST-ZIP ORLANDO, FL 328074965

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 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 #

4/26/2011

FILED

11 MAY -3 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

