

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90236 021 ***150.00

DOCUMENT # P95000014229

1. Entity Name

LA MAZATLAN, INC.



Principal Place of Business

3253 S.E. DIXIE HWY
STAURT FL 34997
US

Mailing Address

3253 S.E. DIXIE HWY
STAURT FL 34997
US

04034979



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3253 SE Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

3253 SE Dixie Hwy
Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0555720

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIJARES, BENIGNO
3253 SE DIXIE HWY
STUART FL 34997

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MIJARES, BENIGNO
STREET ADDRESS 3253 SE DIXIE HWY
CITY-ST-ZIP STAURT FL 34997

TITLE S ☐ Delete
NAME BRIONES, JEANETTE A
STREET ADDRESS 3253 S.E. DIXIE HWY
CITY-ST-ZIP STAURT FL

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

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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)(f), 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: Benigno Mijares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04 (772) 220-7869
Date Daytime Phone #