

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000083236

1. Entity Name
XOLOTLAN MINI MARKET CAFETERIA & TORTILLERIA,
CORP.



Principal Place of Business
6905 W. 12 AVE. NO. 10
HIALEAH, FL 33014

Mailing Address
6905 W. 12 AVE. NO. 10
HIALEAH, FL 33014



02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0616619

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESTRADA, LYGIA
6905 W. 12 AVE. NO. 10
HIALEAH, FL 33014

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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

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

000000112151

04/14/04-80011-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESTRADA, LYGIA
6765 MIAMI LAKES DR
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LYGIA ESTRADA