

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000088909

Entity Name: MEXICO HANDCRAFTS, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

111 SUN 'N LAKE BLVD.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

111 SUN 'N LAKE BLVD.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0657354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELAYA, LUIS
111 SUN 'N LAKE BLVD.
LAKE PLACID, FL 33852 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EZETA, ALEJANDRO
Address: AV. ATEMAJAC 1289, COLONIA GUSA
City-St-Zip: ZAPOPAN, JA

Title: VPTD () Delete
Name: DEL VALLE, LUIS FERNANDEZ
Address: PASEO DE SAN VICTOR 2642, FRACC. VALLE REA
City-St-Zip: ZAPOPAN, JA

Title: PSD () Delete
Name: EZETA, ALEJANDRO
Address: AV. ATEMAJAC 1289, COL. GUSA
City-St-Zip: ZAPOPAN, JA

Title: VPTD () Delete
Name: DEL VALLE, LUIS F
Address: PASEO DE SAN VICTOR 2642
City-St-Zip: ZAPOPAN, JA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALEJANDRO EZETA

PSD

04/28/2004

Electronic Signature of Signing Officer or Director

Date