2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 8:00 am **Secretary of State** DOCUMENT # P97000018705 1. Entity Name 02-12-2007 90100 015 ***158.75 FELLSMERE AZTECA, INC. Principal Place of Business Mailing Address 22 S. LIME ST. FELLSMERE FL 32948 22 S. LIME ST. FELLSMERE FL 32948 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3439463 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGDALENO, JOSE F 66S MULBERRY ST Street Address (P.O. Box Number is Not Acceptable) FELLSMERE FL 32948 City 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Magdaleno Jose F. 2011 lows Mulberry st Fellsmere Fl 32948 THILE ☐ Delete TITLE Change MAGDALENO, JOSE F NAME NAME 213 S. CYPRESS ST. STREET ADDRESS STREE! ADDIN€SS FELLSMERE FL 32948 CUY-S1-7IP CITY - S1 - ZIP Magdaleno Rosalina Lae S Millberry St □ Delete TITLE IIILE Addition MAGDALENO, ROSALINA NAME NAME 213 S. CYPRESS ST. STREET ADDRESS STREET ADDRESS FELLSMERE FL 32948 CITY-ST-ZIP CHY-SI-ZIP Fellsmere +13294 Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI - ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-7IP ☐ Delete THUE ☐ Change ☐ Addition TITLE NAME MAM STRLE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIŒ ☐ Delete TITLE ☐ Change Addition NAME NAML STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

FILED