

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000018705

1. Entity Name  
FELLSMERE AZTECA, INC.



Principal Place of Business  
22 S. LIME ST.  
FELLSMERE, FL 32948

Mailing Address  
22 S. LIME ST.  
FELLSMERE, FL 32948

**FILED  
Feb 27, 2008 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3439463	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGDALENO, JOSE F  
66S MULBERRY ST  
FELLSMERE, FL 32948

**DO NOT WRITE  
IN THIS SPACE**

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 remitting)

2/25/08

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000841955  
03/11/08-80008-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAGDALENO, JOSE F
STREET ADDRESS	66 S NULBERRY ST
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	SD
NAME	MAGDALENO, ROSALINA
STREET ADDRESS	66 S. MULBERRY ST
CITY-ST-ZIP	FELLSMERE, FL 32948

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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)

2/14/08 (712)571-0751  
Date Daytime Phone #