

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3439463

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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

Jose F. Magdaleno

(NOTE: Registered Agent signature required when reinstating)

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 MULBERRY 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	
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

Jose F. Magdaleno

Date

Daytime Phone #

2/14/08 (772) 571-0751