

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90041 016 ***150.00

DOCUMENT # P98000024766

1. Entity Name
EL BODEGON GROCERY INC.



Principal Place of Business
**4704 FORREST HILL BLVD
WEST PALM BEACH, FL 33415**

Mailing Address
**% MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414**

24010935

2. Principal Place of Business
4704 Forest Hill Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State

01062004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0821854

Applied For
Not Applicable

Zip
33415

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE MENDOZA, MARIO G III
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414**

Name **Mario G. de Mendoza, III, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Blvd., Suite 1302
City **Wellington** **FL** Zip Code **33414**

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

Mario G. de Mendoza, III

2/4/04

Signature typed or printed name of registered agent and the fee 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ORTIZ, CARLOS**
STREET ADDRESS **14930 HORSESHOE TRAC**
CITY-ST-ZIP **WELLINGTON, F; 33414**

TITLE **D** ☐ Delete
NAME **RINCON, GLORIA P**
STREET ADDRESS **135 WESTWOOD CIRCLE**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Delete
NAME **RINCON, GUILLERMO A**
STREET ADDRESS **12260 OLD COUNTRY RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Ortiz, Carlos**
STREET ADDRESS **14930 Horseshoe Trace**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **DV** ☒ Change ☐ Addition
NAME **Rincon, Gloria P.**
STREET ADDRESS **135 Westwood Circle**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **DST** ☒ Change ☐ Addition
NAME **Rincon, Guillermo A.**
STREET ADDRESS **12260 Old Country Rd**
CITY-ST-ZIP **West Palm Beach, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Carlos Ortiz

Carlos Ortiz, President

(561) 967-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #