

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90042 001 ***150.00

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1. Entity Name

TIENDA MEXICANA MISCELANEA, CORP.



Principal Place of Business

2033 N.E. 3 AVENUE
DELRAY BEACH FL 33444

Mailing Address

2033 N.E. 3 AVENUE
DELRAY BEACH FL 33444

2. Principal Place of Business

3050 N. FEDERAL HWY
Suite, Apt. #, etc.
2DT 4 B-8

3. Mailing Address

3050 N. FEDERAL HWY
Suite, Apt. #, etc.
LOT-B-8



MOORE

CR2E034 (11/03)

City & State

DELRAY BEACH

Zip
33483

Country

City & State

DELRAY BEACH FL

Zip
33483

Country

4. FEI Number

65-0832304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ANDRES B
2033 N.E. 3 AVENUE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 ANDRES GONZALEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-21-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, ANDRES B ☐ Delete
STREET ADDRESS 2033 NE 3RD AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE VD
NAME GONZALEZ, NELIDA ☐ Delete
STREET ADDRESS 2033 NE 3RD AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition
NAME GONZALEZ ANDRES B.
STREET ADDRESS 3050 N. FEDERAL HWY LOT-13-8
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VD ☒ Change ☐ Addition
NAME GONZALEZ NELIDA
STREET ADDRESS 3050 N. FEDERAL HWY LOT-B-8
CITY-ST-ZIP DELRAY BEACH FL 33483

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

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: ANDRES GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-04 (561) 737-9079

Date

Daytime Phone #