


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90048 001 ***150.00
07-15-2004 90048 002 *****8.75

DOCUMENT # P98000060375	
1. Entity Name GUATE CENTRO LATIN STORE, INC.	

Principal Place of Business P.O. BOX 628 INDIANTOWN, FL 34956	Mailing Address P.O. BOX 628 INDIANTOWN, FL 34956
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66430012



2. Principal Place of Business 15557 SW Warfield Blvd.	3. Mailing Address P.O. Box 628
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05192004 Chg-P CR2E034 (10/03)

City & State Indiantown FL.	City & State Indiantown FL.
Zip 34956	Country U.S.A.

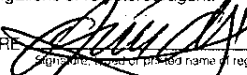
4. FEI Number 65-0849738	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, ANDRES 15557 SW WARFIELD BLVD INDIANTOWN, FL 34956	
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7. Name and Address of New Registered Agent	
Name N/A	
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 Cruz	7-13-04
(NOTE: Registered Agent signature required when reinstating)		DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ANDRES 15557 SW WARFIELD BLVD INDIANTOWN, FL 34956	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Cruz	7-13-04	772-3492070
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	Daytime Phone #

Attachment

66430012

www.sunbiz.org

Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number P98000060375
Business Entity Name GUATE CENTRO LATIN STORE, INC.
Original File Date 07/08/1998

FEI Number 65-0849738
Principal Address P.O. BOX 628
INDIANTOWN, FL 34956
Mailing Address P.O. BOX 628
INDIANTOWN, FL 34956
Registered Agent ANDRES CRUZ
15557 SW WARFIELD BLVD
INDIANTOWN, FL 34956 US

Officer/Director Name And Address

D
ANDRES CRUZ
15557 SW WARFIELD BLVD
INDIANTOWN, FL 34956

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select: