

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000080606

1. Entity Name
AZTECA MEXICAN AND AMERICAN FOODS, INC.



Principal Place of Business
114 SAN JOSE
CLEWISTON, FL 33440

Mailing Address
114 SAN JOSE
CLEWISTON, FL 33440



03192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0866037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUNA, ANGEL M
114 SAN JOSE
CLEWISTON, FL 33440

**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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUNA, ANGEL M
STREET ADDRESS	785 A ROAD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VPD
NAME	LUNA, HERIBERTO M
STREET ADDRESS	110 SUNRISE DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	STD
NAME	CERDA, FRANCISCO
STREET ADDRESS	114 SAN JOSE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/05-80056-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Francisco Cerda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-05
Date

863 9836288
Daytime Phone #