

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106865

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: AGENCIA 12 Y 23, INC.

**Current Principal Place of Business:**

5027 N. LOIS AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

5027 N. LOIS AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3613145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDOZA, JOSE E  
7883 BRISTOL PARK DRIVE  
APOLLO BEACH, FL 33572      US

**Name and Address of New Registered Agent:**

MENDOZA, JOSE E  
7883 SURREY PINES DR  
APOLLO BEACH, FL 33572      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PM ( ) Delete  
Name: MENDOZA, JOSE E  
Address: 7883 BRISTOL PARK DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP ( ) Delete  
Name: LOPEZ, ROBERTO  
Address: 4513 W. JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: LOPEZ, OLGA C  
Address: 4513 W. JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: S (X) Delete  
Name: MENDOZA, JADE L  
Address: 4513 WEST JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: S (X) Delete  
Name: MENDOZA, JANY  
Address: 7883 BRISTOL PARK DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PM (X) Change ( ) Addition  
Name: MENDOZA, JOSE E  
Address: 7883 SURREY PINES DR  
City-St-Zip: APOLLO BEACH, FL 33572

Title: T (X) Change ( ) Addition  
Name: LOPEZ, ROBERTO  
Address: 4513 W. JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: S (X) Change ( ) Addition  
Name: LOPEZ, OLGA C  
Address: 4513 W. JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE E. MENDOZA

Electronic Signature of Signing Officer or Director

PM

04/28/2009

Date