

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91003 012 ***150.00

DOCUMENT # V09269

1. Entity Name
TEQUESTA TRADING CORPORATION



Principal Place of Business

7360 CORAL WAY
SUITE 21
MIAMI, FL 33155

Mailing Address

7360 CORAL WAY
SUITE 21
MIAMI, FL 33155

2. Principal Place of Business

1951 S.W. 156TH AVE

Suite, Apt. #, etc.

3. Mailing Address

1951 S.W. 156TH AVE.

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

04122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0308076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, CESAR E.
7360 CORAL WAY
SUITE 21
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MENDOZA, CESAR E.
7360 CORAL WAY, #21
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MENDOZA, SILVIA I
1951 S.W. 156TH AVE
MIRAMAR, FLA. 33027 ☐ Change ☒ Addition

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

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

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

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

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

C.E. Mendoza
CESAR E. MENDOZA

PSD.

APRIL 23TH, 2004 (954) 447-8895

Date

Daytime Phone #