


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-28-2006 90151 007 ***150.00

DOCUMENT # P00000056593

1. Entity Name
BIANCA'S MEXICAN STORE, INC.



Principal Place of Business 903 NO. WASHINGTON BLVD. SARASOTA, FL 34234	Mailing Address 903 NO. WASHINGTON BLVD. SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1019568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, GABRIELA
 903 NO. WASHINGTON BLVD.
 SARASOTA, FL 34234

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistening)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, GABRIELA 903 NO. WASHINGTON BLVD. SARASOTA, FL 34234
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gabriela Gomez* 5-26-06 941 3216254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #