2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90094 023 ***150.00

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1. Entity Name
JAXFIESTA CORPORATION

40076404

04212007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1225 W BEAVER ST STE 117 JACKSONVILLE, FL 32204	1225 W BEAVER ST STE 117 JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3035 Powers Ave.	3035 Powers Ave.
Suite, Apt. #, etc.: Suite 1930	Suite, Apt. #, etc.: Suite 1
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207 Country: U.S.	Zip: 32207 Country: U.S.

4. FEI Number: 42-1571903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDEZ, LAURO JR. 8240 LAKE WOODBOURNE DR W. JACKSONVILLE, FL 32217	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: Lauro Mendez Jr, CEO — 4-20-07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD MENDEZ, LAURO 8240 LAKE WOODBOURNE DR W. JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Mendez, Lauro 10852 Rock Island Rd Jacksonville, FL. 32257	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COOD MENDEZ, VICTOR 8240 LAKE WOODBOURNE DR W. JACKSONVILLE, FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDEZSE, LAURO 8240 LAKE WOODBURNE DR W JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mendez Sr., Lauro 8240 Lake Woodbourne Dr W Jacksonville, FL. 32217	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Lauro Mendez Jr, CEO — 4-20-07 — (904) 730-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #