


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90143 005 ***150.00

DOCUMENT # 821308
 1. Entity Name
TACO BELL CORP.



Principal Place of Business: **17901 VAN KARMAN IRVINE CA 92614**
 Mailing Address: **C/O TRICON PO BOX 35910 LOUISVILLE KY 40213**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State, Zip, Country

4. FEI Number: **95-2213656**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 re-instating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: DCCO <input type="checkbox"/> Delete NAME: BROLOCK, EMIL J STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE CA 92614	
TITLE: DCFO <input type="checkbox"/> Delete NAME: LORA, MELISSA STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE CA 92614	
TITLE: CPO <input type="checkbox"/> Delete NAME: COLAO, CONNIE STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE CA 92614	
TITLE: COO <input type="checkbox"/> Delete NAME: SAVAGE, BOB STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE CA 92614	
TITLE: AS <input type="checkbox"/> Delete NAME: SHIRLEY, R BRUCE STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE CA 92614	
TITLE: DVS <input type="checkbox"/> Delete NAME: EMMONS, STEVEN L STREET ADDRESS: 17901 VON KARMAN CITY-ST-ZIP: IRVINE CA 92614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: As Shirley, Bryce R. STREET ADDRESS: 17901 Von Karman CITY-ST-ZIP: Irvine, CA 92614	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **3-23-06 949-863-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #