


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90318 039 ****55.00

DOCUMENT # L06000082152	
1. Entity Name TAQUERIA EL AMIGASO Y CATERING SERVICES, LLC	

Principal Place of Business 719 N. MILLS AVE ARCADIA, FL 34266	Mailing Address 719 N. MILLS AVE ARCADIA, FL 34266
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2. Principal Place of Business - No P.O. Box # 719 N. mills Ave.	3. Mailing Address 719 N. mills Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Arcadia FL	City & State Arcadia FL
Zip 34266	Country Mexico

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03122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5553094	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORES, JOSE L 719 N. MILLS AVE ARCADIA, FL 34266	
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7. Name and Address of New Registered Agent Name Flores Jose Luis Street Address (P.O. Box Number is Not Acceptable) 719 N. mills Ave. City Arcadia FL Zip Code 34266	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORES, JOSE L 719 N. MILLS AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Jose Luis Flores</u>	<u>4-26-07</u>	<u>863 940 8395</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>