

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 031 ***150.00

DOCUMENT # M45449

1. Entity Name
TACO PALACE, INC.



Principal Place of Business
**27 N KROME AVE
HOMESTEAD, FL 33030 US**

Mailing Address
~~10390 SW 280TH ST~~
HOMESTEAD, FL 33030 US
711 NW 17th St.

4004100



DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2759057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERRONES, CESAR
711 N W 17TH ST
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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

Guadalupe Berrones
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**DPT
BERRONES, GUADALUPE
711 NW 17TH ST
HOMESTEAD, FL 33030**
Guadalupe

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
BERRONES, CESAR
711 NW 17TH ST
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Guadalupe Berrones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 305 2058278
Date Daytime Phone #