2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003693

FILED Apr 28, 2006 Secretary of State

Entity Name: MI CASA HIDALGO DE CLEARWATER FLORIDA, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:		
1349 PIER CLEARWA	RCE ST ATER, FL 3375	6				
Current Mailing Address:			New Mailing Addre	New Mailing Address:		
1349 PIER CLEARWA	RCE ST ATER, FL 3375	6				
FEI Number:	20-0009913	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of Co	urrent Registered Agent:	Name and Address	of New Registered Agent:		
1840 SW 2 4TH FLOO		λ.				
The above in the State	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registe	red office or registered agent, or both,		
SIGNATUF	RE:					
	Electroni	c Signature of Registered Ager	nt	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () PIOQUINTO, ON 1349 PIERCE S CLEARWATER,	iT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () SECUNDINO, MO 1349 PIERCE S CLEARWATER,	π	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () GONZALEZ, JUA 1349 PIERCE S' CLEARWATER,	Г	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD () PIOQUINTO, EU 1349 PIERCE S' CLEARWATER,	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AD () SANTIAGO GAR 1349 PIERCE S CLEARWATER,	т	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ONESIMO PIOQUINTO PD 04/28/2006	OIGHATORE. CINEOINICTICACITY	70	04/20/2000
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