


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N29318 1. Entity Name MIAMI TACO BELL RESTAURANT OWNERS ADVERTISING ASSOCIATION, INC.	
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Principal Place of Business 4835 SOURWOOD TERRACE NORCROSS, GA 30071	Mailing Address 5565 GLENRIDGE CONNECTOR SUITE 200 ATLANTA, GA 30342
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07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1836534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S.PINE ISLAND RD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

000000376257
08/12/05-80001-015 61.25

**Filing Fee is \$61.25
Due by September 7, 2005**

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	PD GAVIN, MARY 8055 SE WINDJAMMER WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ALDER, JAN 4835 SOURWOOD TERRACE NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BRYANT, DEANNA 4835 SOURWOOD TERRACE NORCROSS, GA 30071
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 exemption stated in Section 119.07(3)(i), 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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/05 770-949
8835