

FILED
May 05, 2001 8:00 am
Secretary of State

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05-05-2001 90196 001 ***150.00
05-05-2001 90196 002 *****8.75
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42110



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000084190

1. Entity Name
LOS POTOSINOS TAQUERIA, INC

Principal Place of Business
19203 SW 376 STREET
FLORIDA CITY FL 33034

Mailing Address
19203 SW 376 STREET
FLORIDA CITY FL 33034

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-1065794

5. Certificate of Status Desired
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
ARGANDONA, MARIA R
19203 SW 376 STREET
FLORIDA CITY FL 33034

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.

SIGNATURE Maria Argandona
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE PD
NAME ARGANDONA, MARIA R
STREET ADDRESS 19203 SW 376 STREET
CITY-ST-ZIP FLORIDA CITY FL 33034

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ARGANDONA Maria Argandona 4-23-01 305 245-8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

May 05, 2001 8:00 am

Secretary of State

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