## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

2005 FOR PROFIT CORPORATION ANNUAL REPORT					FILED May 02, 2005 8:00 am	
DOCUMENT # P01000022253 1. Entity Name ACAPULCO RECORD, INC						<b>Secretary of State</b> 05-02-2005 90382 022 ***150.00
Principal Place of Business 314 WASHINGTON AVE. HOMESTEAD, FL 33030			Mailing Address 314 WASHINGTON AVE. HOMESTEAD, FL 33030			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04282005 Chg-P CR2E034 (10/03)
City & State		City & State				4. FEI Number Applied For 65-1090048 Not Applicable
Zip	Country	Zip	Cour	ntry		5. Certificate of Status Desired Status Desired See Required
	6. Name and Address of C	urrent Registered Agent		Name		7. Name and Address of New Registered Agent
RIEGLEN, JAMES 9002 SW 152 ST. MIAMI, FL 33157				Street Address (P.O. Box Number is Not Acceptable)		
				City		FL Zip Code
Control of the state of Floridal is statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal i am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, speed or presented agent and the i applicable.  (NCTE: Registered Agent signature required when resistance)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Signature Trust Fund Contribution.  After May 1, 2005 Fee will be \$550.00						
10.		S AND DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLEGOS, SOILA R 314 WASHINGTON AVE. HOMESTEAD, FL 33030				ه ما	DSalindy Reyng 04 Sth Ave SE 051610. Fl 33570
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete			15	oila Crallegos □Change @Addition 844 sw 284 <sup>st</sup> omesterd-F1 33030
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete			30	omestad-FI 33030 T Change PAddition orge Gallegos Pub SW2845T tomestead.FI 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				Change Addition
THLE NAME Street Address City-St-Zip		Delete		1		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		}		Change 🗋 Addition
indicated of the co	i on this report or supplemental ( reportion or the receiver or truste	report is true and accurate and that i	ny sign. as requ	ature shall ha	ive the	Section 119.07(3)(i). Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 07. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: 4-25-05 305-244-2610 SIGNATURE: SIGNATURE MANY OF PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR						