

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90135 048 \*\*\*150.00

0649394 SP

DOCUMENT # P01000074626  
1. Entity Name  
MARIA'S MEXICAN FOOD, INC.

Principal Place of Business	Mailing Address
732 TOM O SHANTER AVE. SUN CITY CENTER FL 33573	732 TOM O SHANTER AVE. SUN CITY CENTER FL 33573

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. Fee Number		Applied For
59-3734747		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent
<p>PIMENTAL, MARIA            732 TOM O SHANTER AVE.            SUN CITY CENTER FL 33573</p>

7. Name and Address of New Registered Agent		
Name	Cole Tackett Accounting Inc	
Street Address (P.O. Box Number is Not Acceptable)	9340 N. 56th St #220	
City	FL	Zip Code
Tampa		33617

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution. **Added to Fees**

[illegible]

<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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 # \_\_\_\_\_

CR2E034 (9/01)