

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90313 009 ***150.00

DOCUMENT # P01000074626

1. Entity Name

MARIA'S MEXICAN FOOD, INC.



Principal Place of Business

732 TOM O SHANTER AVE.
SUN CITY CENTER FL 33573

Mailing Address

732 TOM O SHANTER AVE.
SUN CITY CENTER FL 33573

2. Principal Place of Business

10616 Missouri Ave
Suite, Apt. #, etc.

3. Mailing Address

10616 Missouri Ave
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Riverview, FL
Zip 33569 Country USA

City & State

Riverview, FL
Zip 33569 Country USA

4. FEI Number

59-3734747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLE TACKETT ACCOUNTING, INC.
9340 N 56TH STREET
#220
TAMPA FL 33617

7. Name and Address of New Registered Agent

Temple Terrace Accounting Inc.
Street Address (P.O. Box Number is Not Acceptable)
9340 N. 56th St. #221
City Tampa FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Temple Terrace Acct. Shelli Thopik 4/1/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PIMENTAL, MARIA
STREET ADDRESS 732 TOM O SHANTER AVE.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 10616 Missouri Ave.
STREET ADDRESS Riverview, FL 33569
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 607, 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 #

4-15-04