

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90036 033 \*\*\*150.00

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000089414</b>                                 |  |
| <b>1. Entity Name</b><br><b>TAQUERIA MI MEXICO CORPORATION</b> |                                                                                   |

|                                                                                                 |                                                                               |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br><b>4205 NORTH ARMENIA AVENUE</b><br><b>TAMPA FL 33607</b> | <b>Mailing Address</b><br><b>4215 N ARMENIA AVE.</b><br><b>TAMPA FL 33607</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



MOORE CR2E034 (11/03)

|                                                                                                                                                    |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br><b>59-3747847</b>                                                                                                          | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                             |                                                                                 |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>VALLEJO, NORBERTO</b><br><b>4754 WHISPERING WIND AVE</b><br><b>TAMPA FL 33614</b> |                                                                                 |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>VALLEJO, NORBERTO</b><br><b>4757 WHISPERING WIND AVE.</b><br><b>TAMPA FL 33607</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>VALLEJO, MARIA I</b><br><b>4754 WHISPERING WIND AVE.</b><br><b>TAMPA FL 33607</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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:**

*Norberto Vallejo*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*3/16/04*  
**Date**

*(813) 387-0091*  
**Daytime Phone #**