2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 08:00 AN
Secretary of State

786-2932502

| DOCUMENT # P01000117566 1. Entity Name TAGUISAPA, INC. | | | | Secretary of State | | |
|---|---|---|--|--|---|--|
| Principal Place of Business 13280 SW 1285T STE#108 13280 SW 1285T STE#108 MIAMI, FL 33186 MIAMI, FL 33186 | | | | ine 5 | | |
| DO NOT WRITE IN THIS SPACE | | | 03262005 4. FEI Numb | | R2E034 (10/03) | |
| | | | 65-11 | | Not Applicable | |
| MARTINEZ, ADOLFO 13260 SW 131 ST UNIT #120 MIAMI, FL 33186 IN THIS SPACE | | | | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable. NOTE, Registered agent signature required when retrittating) DATE | | | | | | |
| After M | E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.00 | | \$5.00 May Be Added to Fees | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST MARTINEZ, ADOLFO 1144 E MOWRY DR HOMESTEAD, FL 33030 | CTORS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | 05717.705-800 | 7440 05-012-150.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | NOT WRI | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN ' | THIS SPA | CE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | .94 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | THE WAY TOWN | y s ^o | |
| OI THE COL | certify that the information supplied with this fi on this report or supplemental report is true poration of the receiver or trustee empowerer or on an attachment with an address, with a | d to execute this report as regared by Gr | ated in Section 119,07(3) have the same legal effe hapter 607, Florida Statuti | (i), Florida Statutes. I furthe ct as if made under oath; t es, and that my name app | er certify that the information hat I am an officer or director ears in Block 10 or Block 11 if | |