2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 14, 2004 8:00 am
Secretary of State
05-06-2004 90173 027 ***150.00

DOCUMENT # P02000020462

1. Entity Name
TACO PALACE OF WEST PALM BEACH, INC.

00427928

Principal Place of Business	Mailing Address
2118 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	2118 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409

04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0008779
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEBNATH, ROBIN
1104 THE POINTE DR
WEST PALM BCH, FL 33409

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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] ROBIN DEBNATH 6/11/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DEBNASH, ROBIN
STREET ADDRESS	3966 TORRES CIR
CITY-ST-ZIP	W PALM BEACH, FL 33409
TITLE	P
NAME	DEBNATH, SUBOOH C
STREET ADDRESS	3966 TORRES CIR
CITY-ST-ZIP	W PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] ROBIN DEBNATH 6/11/04 561-310-2891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #