

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90072 021 \*\*\*150.00

<b>DOCUMENT # P03000010882</b>					
<b>1. Entity Name</b> THE MARIACHI LOCCO, CORP					
<b>Principal Place of Business</b> 4226 FOWLER STREET FORT MYERS, FL 33901 US			<b>Mailing Address</b> 4226 FOWLER STREET FORT MYERS, FL 33901 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>4. FEI Number</b> 11-3674676			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CHEVEREZ, NIEVE 4226 FOWLER STREET MIAMI, FL 33901 FORT MYERS					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P	<b>NAME</b> CHEVEREZ, NIEVE				
<b>STREET ADDRESS</b> 4226 FOWLER STREET	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33901				
<input type="checkbox"/> Delete					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> 	<b>NAME</b> 				
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Nieve Cherez</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					