2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am Secretary of State

ZUUU FUN FNOFII	CONFORMITON
ANNUAL	REPORT

DOCUMENT # P03000010882 1. Entity Name THE MARIACHI LOCCO, CORP					04-28-2008 9	90395 026	5 ***150	0.00		
Principal Place	of Business		Mailing Address		·	4.0	00100-			
•			4226 FOWLER STREET							
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2. Principal Place of Business - No P.O. Box # 3. N			3. Mailing Address	3. Mailing Address					<u> </u>	
			.,		4					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008	Chg-P	CR2E034	(12/06)			
City & State		City & State		4. FEI Numb	or		I An	plied For		
City & State			Only & State		11-367			<u> </u>	Applicable	
Zip Country		Zip Country		ilry			\$	8.75 Add		
		•	,		•	5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Régistered Agent			-	7. Name and Address of New Registered Agent						
					Name					ĺ
CHEVERE					Street Address (B.O. Boy Number is Not Assestable)					
4226 FOW					Street Address (P.O. Box Number is Not Acceptable)					
FORT MY	iko, ru s	33901								}
					City				Zip Code	
		, ,			City			FL	Zip Cour	}
			or the purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo	rida. I am far	niliar with,	and accept
the obligati	ions of regist	ered agent.								
CICLIATURE										
SIGNATURE	Signature, typed	or printed hame of registered agen	and title if applicable (NOT	E Registere	d Agent signature require	ed when reinstating)		DATE		
					<u> </u>				····	
FILI	E NOW!!!	FEE IS \$150.00	9. Election Campa			.00 May Be				.
		Fee will be \$550.	.00 Trust Fund Con	tribution.	. 🔲 Add	ded to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	I /CHANGES TO OFFI	CERS AND D	IRECTORS	S IN 11
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STREET ADDRESS	4226 FOV	VLER STREET		STHE	EET ADDRESS					
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CITY-ST-ZIP	L					,	O Flatida Cita ta 1	Ludhar = 22	that the '	Namatic:
12. I hereby indicated	certify that th I on this reno	e information supplied wi rt or supplemental report	th this filing does not qualify this true and accurate and that	or the ex my signa	emptions containe ture shall have the	ed in Chapter 11 e same legal effe	9, Florida Statutes. I ect as if made under o	iurther certify bath; that I an	rnat the it an officer	or director
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Flurther certify that the information indicated on this report or supplemental report is true and accurate angithat my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee empowered to execute that 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 exercise, with all other like empowered.										
Changed	i or on an atti	acimient with a remaress	. //-							
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