## P03000011454

ONSTORED OF

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	•					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)					
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)					
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL					
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)					
Certified Copies Certificates of Status	. ,					
	(Document Number)					
Special Instructions to Filing Officer:	Certified Copies Certificates of Status					
	Special Instructions to Filing Officer:					

Office Use Only



800015426488

04/07/03--01048--024 \*\*70.00

RA Chg.

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

TAGUERIA MEYICANA INIC
SUBJECT: TAQUERIA MEXICANA INC (Name of corporation)
DOCUMENT NUMBER: P03000011454
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
TOMAS OROZCO (Name of person)
TAQUERIA MEXICANA, INC.  (Name of firm/company)
5230 GILCHRIST STREET  (Address)
NAPLES, FL 34113 (City/state and zip code)
For further information concerning this matter, please call:
TOMAS OROZCO at ( 239 ) 530-4420 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	ne provisions of sections 607.0502,	617.0502, 607.1508, or 617.150	8, Florida Statutes,
	of change is submitted for a corpora		=
FLORIDA	in order to change its regis	tered office or registered agent,	or both, in the State
of Florida.		2414 1910	
	f the corporation: TAQUERIA MEXIC		9200
2. The principa	al office address: 5230 GILCHRIST	STREET	
NAPLES, F	FLORIDA 34113		To The
3. The mailing	address (if different):		ン
4. Date of inco	orporation/qualification:JANUAR	Y 30/2003 Document number:	P03000011454
5. The name a	nd street address of the current regis	tered agent and registered office of	on file with the
Florida Dep	partment of State:		
	VENTURA GUILLEN		
	5230 GILCHRIST STREET	·	
	NAPLES, FL 34113.		
6 The name	and street address of the new regis	stered agent (if changed) and /or	registered office (i
changed):	TOMAS OROZCO	<b>3</b> ,	
	5230 GILCHRIST STREET		
		mailbox NOT acceptable)	i <sup>re</sup>
	NAPLES, FL 34113		
The street addagent, as chan	dress of its registered office and the aged will be identical.	street address of the business of	fice of its registered
Such change authorized by	was authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors of the cha	or by an officer so nge.
Jan.	J. CARROLLO	TOMAS OROZCO, PRESIDEN	IT
	cer, chairman or the chamman of the board)	(Printed or typed name and ti	
I further agre performance registered age	pt the appointment as registered ag e to comply with the provisions of a of my duties, and I am familiar with ept. Or, if this document is being fi s, I hereby Jonfirm that the corpora	ul statutes relative to the proper and accept the obligation of my led merely to reflect a change in	ana complete position as the registered
Jami.	2 HAROU.	APRIL 1, 2003	** *
	(Signature of Registered Agent)	(Date)	
If signing on bel			· <del>-</del>
TOMAS ORO		PRESIDENT	
	(Typed or Printed Name)	(Capacity)	

\* \* \* FILING FEE: \$35.00 \* \* \*