2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TO

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000040105** TORTILLERIA INTERNACIONAL, INC. 04-30-2004 90228 034 ***150.00 Principal Place of Business Mailing Address **102 WEST CARLOTN STREET 102 WEST CARLOTN STREET** WAUCHULA, FL 33873 WAUCHULA, FL 33873 2. Principal Place of Business 3. Mailing Address 102 CARLTON 1118 8th AUG 04292004 Chg-P CR2E034 (10/03) City & State 4. FE Number 11-3683965 City & State Applied For JAUCHUI th Instho Not Applicable urasa Country \$8.75 Additional 5. Certificate of Status Desired 34021 <u>US A</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR × √h WEST MIAMI, FL 33145 AUS Zip Code City (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 stered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition JACKSON, ERIC NAME NAME STREET ADDRESS 102 WEST CARLOTN STREET STREET ADDRESS CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-ZIP ☐ Change TITLE 🔽 Delete TITLE ☐ Addition VALLE, ARNOLDO NAME NAME 102 WEST CARLOTN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TTTLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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 of 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.

FILED