## **2007 FOR PROFIT CORPORATIO ANNUAL REPORT**

## Mar 09, 2007 08:00 A Secretary of State DOCUMENT # P03000107451 GUACAMOLE MEXICAN CUISINE, INC. Principal Place of Business Mailing Address 14019 WEST COLONIAL DR. 216 FIRST ST WINTER GARDEN, FL 34787 OCOEE, FL 34761 02232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0378666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIRALDO, LOUIS DO NOT WRITE 14019 WEST COLONIAL DR. WINTER GARDEN, FL 34787 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000661049 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 03/20/07-80025-015 150.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GIRALDO, LOUIS NAME STREET ADDRESS 14019 WEST COLONIAL DR. CITY-ST-ZIP WINTER GARDEN, FL 34787 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CiTY-ST-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS CITY+ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachnent with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**