

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90318 009 ***150.00

DOCUMENT # P03000107970			
1. Entity Name TORTILLA CALIENTE, INC.			
Principal Place of Business P.O. BOX 2589 WINTER HAVEN, FL 33880		Mailing Address P.O. BOX 2589 WINTER HAVEN, FL 33880	
2. Principal Place of Business 229 DURRELL RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER HAVEN FL		City & State	
Zip 33880		Country USA	
4. FEI Number 37 1477183		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREVINO, ALBERTO 2157 GREENWAY DR WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name ALBERTO TREVINO Street Address (P.O. Box Number is Not Acceptable) 229 DURRELL RD City WINTER HAVEN FL Zip Code 33880	
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: DATE: 4/9/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVINO, ALBERTO 2157 GREENWAY DR WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D ALBERTO TREVINO 229 DURRELL RD WINTER HAVEN FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE:		Date: 4/6/04 Daytime Phone:	