

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-03-2004 90782 024 ***150.00

DOCUMENT # P03000111455 1. Entity Name TACO VENTURES, INC.			
Principal Place of Business 1048 PINE RIDGE ROAD NAPLES FL 34108 US		Mailing Address 1048 PINE RIDGE ROAD NAPLES FL 34108 US	
2. Principal Place of Business 1103 LEE LAND HEIGHTS BLVD - Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LEHIGH ACRES, FL. Zip 33936 Country US		City & State Zip Country	
4. FEI Number 86-1083848		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 SCHONDER, RICHARD 1048 PINE RIDGE ROAD NAPLES FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 4/30/04 <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 \$350.00 Make Check Payable to Florida Department of State		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 PRESIDENT <input type="checkbox"/> Delete NAME MAURICIO V. VIVES STREET ADDRESS 18230 HEATHER RD CITY-STATE-ZIP FORT MYERS FL 33912	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE V. Pres. <input type="checkbox"/> Delete NAME Richard C Schonder STREET ADDRESS 1221 25th St. S.W. CITY-STATE-ZIP Naples FL 34117	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP		
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:		PRESIDENT 4/29/04 454-4624	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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MOORE CR2E034 (11/03)