


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90554 026 ***158.75

DOCUMENT # P03000111455 1. Entity Name TACO VENTURES, INC.					
Principal Place of Business 1103 LEE LAND HEIGHTS BLVD W LEHIGH ACRES, FL 33936 US			Mailing Address 1048 PINE RIDGE ROAD NAPLES, FL 34108 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1103 LEE LAND HEIGHTS BLVD W Suite, Apt. #, etc.			
City & State Zip Country		City & State LEHIGH ACRES, FL. Zip Country 33936 US		4. FEI Number 86-1083848 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04202005 Chg-P CR2E034 (10/03)	
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 MAURICIO VIVES Street Address (P.O. Box Number is Not Acceptable) 18230 HEATHER RD City FORT MYERS State FL Zip Code 33912		
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 <u><i>Mauricio Vives</i></u> PRESIDENT DATE 4/28/05 <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, 2005 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	P VIVES, MAURICIO V 18230 HEATHER RD FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVES, MAURICIO V 18230 HEATHER RD FORT MYERS, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHONDER, RICHARD C 1221 25TH ST SW NAPLES, FL 34117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHONDER, RICHARD C 1221 25TH ST SW NAPLES, FL 34117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u><i>Mauricio Vives</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/28/05 Daytime Phone # (239) 454-4624		

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