## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000111455

Entity Name: TACO VENTURES, INC.

**FILED** Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1103 LEELAND HEIGHTS BLVD W LEHIGH ACRES, FL 33936 **Current Mailing Address: New Mailing Address:** 1103 LEELAND HEIGHTS BLVD W LEHIGH ACRES, FL 33936 FEI Number: 86-1083848 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: VIVES, MAURICIO VIVES, MAURICIO 18230 HEATHER RD 18230 HEATHER RD US FORT MYERS, FL 33912 US FORT MYERS, FL 33967 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. SIGNATURE: MAURICIO VIVES 04/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition VIVES, MAURICIO V Name: Name: 18230 HEATHER RD Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SCHONDER, RICHARD C Name: 1221 25TH ST SW Address: Address: NAPLES, FL 34117 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: ( ) Change (X) Addition Name: SCHONDER, RICHARD C Name: 1221 25TH ST SW Address Address: City-St-Zip: City-St-Zip: NAPLES, FL 34117 Title: () Delete Title: VΡ ( ) Change (X) Addition VIVES, MAURICIO Name: Name: Address: Address: 18230 HEATHER RD City-St-Zip: City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICIO VIVES 04/30/2007 D