2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR

NTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P03000135070 1. Entity Name TAJO HOLDINGS, CORP. Principal Place of Business Mailing Address 8159 LAKE SERENE DRIVE 8159 LAKE SERENE DRIVE ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 30-0217684 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCHENA AND GRAHAM, P.A. Street Address (P.O. Box Number is Not Acceptable) 233 SOUTH SEMORAN BOULEVARD ORLANDO FL 32807 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete **J**III E ☐ Change ☐ Addition TORRES, MICHELLE G NAME NAME STREET ADDRESS 8159 LAKE SERENE DRIVE STREET ADDRESS ORLANDO FL 32836 CITY ST-7IP CITY-ST-7IP Change THILE ☐ Defete TITLE Addition TORRES, JOSEPH L NAME NAME U00000301301 04/13/05-80026-009 150.00 STREET ADDRESS 8159 LAKE SERENE DRIVE SUBJECT ADDRESS ORLANDO FL 32836 CITY - ST-ZIP DITY-ST-7P ☐ Delete $uu \epsilon$ Change Addition NAME NAME CURREY ADDRESS STREET ADGRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NALÆ STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZP TITLE ☐ Delete □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP IIILE Delete DHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.