


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90973 036 \*\*\*158.75

<b>DOCUMENT # P04000006241</b>					
<b>1. Entity Name</b> NFM TACO VENTURES, INC.					
<b>Principal Place of Business</b> 525 PINE ISLAND ROAD UNIT E NORTH FORT MYERS, FL 33903 US			<b>Mailing Address</b> 1048 PINE RIDGE ROAD NAPLES, FL 34108 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 525 PINE ISLAND RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. UNIT E			
<b>City &amp; State</b>		<b>City &amp; State</b> NORTH FORT MYERS, FL		<b>4. FEI Number</b> 42-1633238	
<b>Zip</b>		<b>Country</b> 33903 US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHONDER, RICHARD 1048 PINE RIDGE ROAD NAPLES, FL 34108			<b>7. Name and Address of New Registered Agent</b> Name: MAURICIO VIVES Street Address (P.O. Box Number is Not Acceptable): 18230 HEATHER RD City: FORT MYERS FL Zip Code: 33912		
<b>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.</b> SIGNATURE: <u>Mauricio Vives</u> PRESIDENT DATE: <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		D SCHONDER, RICHARD C 1221 25TH ST SW NAPLES, FL 34117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		P 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	<input type="checkbox"/> Delete		VP SCHONDER, RICHARD C 1221 25TH ST SW NAPLES, FL 34117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Mauricio Vives</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/28/05</u>		Daytime Phone #: <u>(239) 454-4624</u>