


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90031 016 \*\*\*158.75

<b>DOCUMENT # P05000015202</b>		
1. Entity Name <b>ALICES FIESTA INC</b>		

Principal Place of Business <b>7802 N ATLANTIC AVE CAPE CANAVERAL FL 32920</b>	Mailing Address <b>7802 N ATLANTIC AVE CAPE CANAVERAL FL 32920</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>20-2267789</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MARTINEZ, NESTOR A 830 N WICKHAM RD MELBOURNE FL 32935</b>	
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7. Name and Address of New Registered Agent	
Name <b>NESTOR MARTINEZ</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7802 N ATLANTIC AVE</b>	
City <b>CAPE CANAVERAL</b>	
City <b>FL</b>	Zip <b>32920</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.

SIGNATURE  **NESTOR MARTINEZ VP** **2/9/06**  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>FUSILLO, ALICE M</b>	
STREET ADDRESS <b>1536 CLOVER CIR</b>	
CITY-ST-ZIP <b>MELBOURNE FL 32935</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>MARTINEZ, NESTOR A</b>	
STREET ADDRESS <b>830 N WICKHAM RD</b>	
CITY-ST-ZIP <b>MELBOURNE FL 32935</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Martinez, Nestor A</b>	
STREET ADDRESS <b>7802 N ATLANTIC AVE</b>	
CITY-ST-ZIP <b>CAPE CANAVERAL, FL 32920</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **ALICE M. FUSILLO Pres.** **2/9/06** **321-427-0191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #