

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
Jun 06, 2006 8:00 am
Secretary of State

04-28-2006 90169 004 ***150.00

DOCUMENT # P05000028866					
1. Entity Name GALARZA'S AUTHENTIC MEXICAN TACOS, INC					
Principal Place of Business 1116 POINSETTA DR DELRAY BCH, FL 33444			Mailing Address 1116 POINSETTA DR DELRAY BCH, FL 33444		
2. Principal Place of Business 601 N. CONGRESS AVE Suite Apt. #, etc. 406		3. Mailing Address 601 N. CONGRESS AVE Suite Apt. #, etc. 406			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL		4. FEI Number 20-2495371	
Zip 33445		Country PALM BEACH		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, DAMIAN 1116 POINSETTA DR DELRAY BCH, FL 33444				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 2730 SW 11th COURT City BOYNTON BEACH FL Zip Code 33426	
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: DATE: 4-25-06 (Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agents signature required when renewing))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DPT	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SANCHEZ, DAMIAN		NAME	2730 SW 11th COURT	
STREET ADDRESS	1116 POINSETTA DR		STREET ADDRESS	BOYNTON BEACH, FL 33426	
CITY - ST - ZIP	DELRAY BCH, FL 33444		CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
TITLE	DVS	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	GALARZA, GUADALUPE		NAME	2730 SW 11th COURT	
STREET ADDRESS	1116 POINSETTA DR		STREET ADDRESS	BOYNTON BEACH, FL 33426	
CITY - ST - ZIP	DELRAY BCH, FL 33444		CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SANCHEZ, JOSE M		NAME		
STREET ADDRESS	1116 POINSETTA DR		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH, FL 33444		CITY - ST - ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SANCHEZ, SANDY		NAME		
STREET ADDRESS	1116 POINSETTA DR		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH, FL 33444		CITY - ST - ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SANCHEZ, VIVANA		NAME		
STREET ADDRESS	1116 POINSETTA DR		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH, FL 33444		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			DATE: 4-25-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

66017968

