2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037321

JAIMES, ENRIQUE SR

DELEON SPRINGS, FL 32130

271 W DAVIS ST

Name: Address:

City-St-Zip:

FILED Feb 23, 2006 Secretary of State

Entity Name: TIERRA BLANCA MEXICAN STORE INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
207 S SUM CRESCEN	IMIT ST T CITY, FL 32	2112				
Current Mailing Address:			New Maili	New Mailing Address:		
207 S SUM CRESCEN	IMIT ST T CITY, FL 32	2112				
FEI Number:	38-3717805	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
418 EDGE\	AGDALENA WOOD AVE T CITY, FL 32	2112 US	414 EDGE	JAIMES, MAGDALENA 414 EDGEWOOD AVE CRESCENT CITY, FL 32112 US		
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATURE: MAGDALENA JAIMES				02/23/2006		
	Electror	nic Signature of Registered Age	ent		Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () JAIMES, MAGE 418 EDGEWOO CRESCENT CI	DD AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	JAIMES, JULIA 271 W DAVIS S		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	JAIMES, ANTO		Title: Name: Address: City-St-Zip:	JAIMES, ANTO 271 W DAVIS S		
Title:	ECT ()) Delete	Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MAGDALENA JAIMES Ρ 02/23/2006