2006-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 23, 2006 8:00 am Secretary of State DOCUMENT # P05000040095 04-24-2006 90372 037 ***150.00 1. Entity Name EL TACONAZO, INC. Principal Place of Business Mailing Address 66017144 913 E. HILLSBOROUGH AVE 913 E. HILLSBOROUGH AVE TAMPA FL 33604 **TAMPA FL 33604** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 55-0843000 Not Applicable Zio 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 VAZQUEZ, MONICA M 6031 MAPLE LN Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33610** City 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. Fam familiar with, and accept the obligations of registered agent. or printed name of registered again and tile if (NOTE: Registered Agent rightaute required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/S/T TITLE Delete TITLE ☐ Addition n MONICA M. VAZQUEZ 6031 Maple LN Change MONICA M. VAZQHEZ NAME MALIE 6031 Maple Ln Tampa, Fl. 330 STREET ADDRESS STREET ADDRESS Tampa, F1. 33610 CITY-ST-ZIP 33610 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ANDRESS CITY-ST-7/P CITY-ST-Z/P TITLE Defete TITLE Change ☐ Addition NAME MALIF 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 Section 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 comporation or the revelver 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 ay/ag/main with an address, with all other like empowered. (\mathcal{M}) OF SIGNING OFFICER OR DIRECTOR Dayteno Phone

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