

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000138130

**Entity Name:** THE THREE AMIGOS FIESTA, INC.

**FILED**  
**May 15, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

200 WILLARD STREET  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

200 WILLARD STREET  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** 20-3614972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONAVITO, JOHN S CEO  
200 WILLARD STREET  
COCOA, FL 32922 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: BONAVITO, JOHN S CEO  
Address: 200 WILLARD STREET  
City-St-Zip: COCOA, FL 32922

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Change (X) Addition  
Name: MILIKIN, PATRICIA D  
Address: 200 WILLARD STREET  
City-St-Zip: COCOA, FL 32922

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

SIGNATURE: JOHN S. BONAVITO

CEO

05/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date