

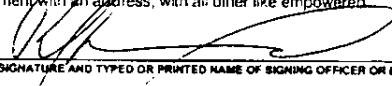
FILED
May 15, 2007 8:00 am
Secretary of State

04-20-2007 90074 036 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2

66014945

DOCUMENT # P05000142965			
1. Entity Name THREE AMIGOS OF BREVARD COUNTY, INC.			
Principal Place of Business 335 S PLUMOSA STREET SUITE J MERRITT ISLAND, FL 32954		Mailing Address 335 S PLUMOSA STREET SUITE J MERRITT ISLAND, FL 32954	
2. Principal Place of Business - No P.O. Box # 76 E. Merritt Island Cswy Suite, Apt. #, etc. Suite 204 City & State Merritt Island, FL Zip 32952 Country U.S.		3. Mailing Address 76 E. Merritt Island Cswy Suite, Apt. #, etc. Suite 204 City & State Merritt Island, FL Zip 32952 Country U.S.	
4. FEI Number 203844852 APPLIED FOR		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOILEAU, JOHN L 3490 NORTH US HIGHWAY ONE COCOA, FL 32926		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and date is acceptable. (NOTE: Registered Agent signature required when re-stating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P, D WATSON, DUANE A 335 S PLUMOSA STREET STE J MERRITT ISLAND, FL 32954 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHAH, MAHESH R 402 HIGH POINT DRIVE COCOA, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KENNEDY, RALPH 335 S PLUMOSA STREET SUITE J MERRITT ISLAND, FL 32954 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		5/4/07 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	