

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90062 038 \*\*\*150.00

**DOCUMENT # P06000044610**

1. Entity Name  
**MARIACHI PANTO VILLA INC.**



Principal Place of Business Mailing Address  
**3936 DALE ROAD 3936 DALE ROAD**  
**WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33406 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**6938 ALISO AVE 6938 ALISO AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.



03092007 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For  
**WEST PALM BEACH, FL WEST PALM BEACH, FL 20-4583432 Not Applicable**  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
**33413 PALM BEACH 33413 PALM BEACH Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**MENESIS, HENRY** Name **MENESES, HENRY**  
**3936 DALE ROAD** Street Address (P.O. Box Number is Not Acceptable)  
**WEST PALM BEACH, FL 33406** **6938 ALISO AVE**  
City **WEST PALM BEACH FL** Zip Code **33413**

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 Henry Meneses DATE 4/9/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00** 9. Election Campaign Financing \$5.00 May Be  
**After May 1, 2007 Fee will be \$550.00** Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMESIS, HENRY		NAME	MENESES, HENRY	
STREET ADDRESS	3936 DALE ROAD		STREET ADDRESS	6938 ALISO AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Henry Meneses DATE 4/9/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #