2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000046849

FILED Jul 23, 2007 8:00 am Secretary of State

07-23-2007 90040 027 ***150.00

1. Entity Name TAQUERIA LA MICHOACANA, INC									
3630 NOKOMIS AVE 3630 N			Mailing Address 3630 NOKOMIS AVE WEST PALM BEACH, FL	· · · · · · · · · · · · · · · · · · ·		40126574			
2. Principal Place of Business - No P.O. Box # / 660 BARBARIE LN Suite, Apt. #, etc.			3. Meiling Address 1660 BARBARIE LN. Suite, Apt. #, etc.		<i>N</i> .	06202007 Chg-P CR2E034 (12/06)			
l	City & State	ALM BEACH, FL	City & State WEST PALM	BEACH F	4. FEI Num		l lac	pplied For	
	Zip 3341	Country	Zip 334/7	Country		e of Status Desired	\$8.75 Add		
		6. Name and Address of Current			7. Name an	d Address of New Registe			
CALDERON, JAVIER 3630 NOKOMIS AVE					Name CALDERON, JAVIER Street Address (P.O. Box Number is Not Acceptable)				
		M BEACH, FL 33409		16	1660 BARBARIE LN				
				City	EST PALM	BEACH	FL Zip Code	. 7	
ĺ	8. The above r	named entity submits this statement for ons of registered agent.	or the purpose of changing its r	egistered office or	registered agent, or b	oth, in the State of Florida. I	am familiar with,	and accept	
	SIGNATURE (Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)		17/07		
	-	E NOW!!! FEE IS \$150.00 se by September 14, 2007	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	In accordance with s. corporation did not re	607.193(2)(b), ceive the prior r	F.S., the notice.	
Ì	(10.	OFFICERS AND	DIRECTORS	11.		S/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
	ATTLE NAME		☐ Delete	TITLE NAME	PST	204 /245	☐ Change	Addition	
ĺ	STREET ADDRESS			STREET ADDRESS	112000	CON, JAVIE RBARIE LN			
	CITY-ST-ZIP			CITY-ST-ZIP	WEST PA	ALM BEACH,	FL 33	417	
	TITLE		□ Delete	TITLE			☐ Change	Addition	
	NAME STREET ADDRESS			NAME STREET ADDRESS					
l	CITY-ST-ZIP			CITY - ST - ZIP					
	TITLE		☐ Delete	TITLE	··		Change	Addition	
I	NAME STREET ADDRESS			NAME STREET ADDRESS					
ı	CITY-ST-ZIP			CITY - ST - ZIP					
١	TITLE		☐ Delete	TITLE		400	☐ Change	☐ Addition	
	NAME STREET ADDRESS			NAME					
	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	THILE	, , , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE			☐ Change	☐ Addition	
	NAME CYDEET ADDRESS			NAME			-		
	STREET ADDRESS			STREET ADDRESS					
	CITY-ST-ZIP	•		CITY-ST-ZIP					
	CITY-ST-ZIP		☐ Delete				[] Channe	Addition	
	TIFLE NAME		☐ Delete	CITY-ST-ZIP			Change	Addition	
	TIFLE	•	☐ Defete	CITY-ST-ZIP	-,,,		☐ Change	☐ Addition	

12. Thereby 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.

changed, or on an attachment with an address, with all other like empowered.	, . ,	To the state of th	I S II S S S S S S S S S S S S S S S S
	EL CALDERON	7/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC	OR	Date /	Daytime Phone #