

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 023 ***150.00

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1. Entity Name
TACO INTERNATIONAL FOOD, INC.



Principal Place of Business
4103 SPARROW CT
TAMPA, FL 33558

Mailing Address
4103 SPARROW CT
TAMPA, FL 33558

40006433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

TACO International Food, Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 1259

City & State

City & State

LAND O' LAKES, FL

Zip

Country

Zip

34639

Country

USA

01172008

Chg-P

CR2E034 (12/06)

4. FEI Number

26-0165640

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATOS, ERIC E
4103 SPARROW CT
TAMPA, FL 33558

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

Signature, typed or printed name of registered agent and FEI if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SEGARRA, JUAN A
STREET ADDRESS 4103 SPARROW CT
CITY-ST-ZIP TAMPA, FL 33558

TITLE DS ☐ Delete
NAME MATOS, ERIC E
STREET ADDRESS 4103 SPARROW CT
CITY-ST-ZIP TAMPA, FL 33558

TITLE DT ☐ Delete
NAME RAMOS, JOSE S
STREET ADDRESS 4103 SPARROW CT
CITY-ST-ZIP TAMPA, FL 33558

TITLE DV ☒ Delete
NAME CINTRON, PEDRO J
STREET ADDRESS 4103 SPARROW CT
CITY-ST-ZIP TAMPA, FL 33558

TITLE DV ☒ Delete
NAME RIVERA REYES, EDWIN
STREET ADDRESS 4103 SPARROW CT
CITY-ST-ZIP TAMPA, FL 33558

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric E. Matos Secretary

17 Jan '08 (813) 785-6529