

2009

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 10:19

DOCUMENT # P08000036438 1. Entity Name Tamales Exquisitos, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11104 N.W. 38th Ln. Suite, Apt. #, etc.	3. Mailing Address 11104 N.W. 38th Ln. Suite, Apt. #, etc.
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City & State Gainesville, FL Zip Country 32606-4986 USA	City & State Gainesville, FL Zip Country 32606-4986 USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 26-2681427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Jaramillo, Sandra M.	
Street Address (P.O. Box Number is Not Acceptable) 11104 N.W. 38th Ln.	
City Gainesville	FL Zip Code 32606

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Jaramillo, Ana L. 106 Hadley Village Rd. South Hadley, MA 01075	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400155838714 05/12/09--01023--016 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T/S Jaramillo, Sandra M. 11104 N.W. 38th Ln. Gainesville, FL 32606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 5/14/09	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Sandra M. Jaramillo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Sandra M. Jaramillo	04/15/09	352-331-3643
		Date	Daytime Phone #

CR2E034B (12/02)