2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000065121

1. Entity Name
TARANTINO'S ENTERPRISES INC.

Principal Place of Business	Mailing Address
FOUR POINTS HOTEL SHERIDAN 4018 W VINE ST KISSIMMEE, FL 34741	FOUR POINTS HOTEL SHERIDAN 4018 W VINE ST KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3288380
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, FRANCES
2704 WINDING RIDGE AVENUE SOUTH
KISSIMMEE, FL 34741

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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: Frances Campos (signature, required if named as registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstating) DATE: 4/23/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000131779
04/27/04-80019-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPOS, FRANCES
STREET ADDRESS	2704 WINDING RIDGE AVE . SOUTH
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frances Campos 4/23/04 407-932-4086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #