


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000016347 1. Entity Name CD'S TOWN FIESTA INC.	
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Principal Place of Business 4238 W. FAIRFIELD DR. PENSACOLA, FL 32505	Mailing Address 4238 W. FAIRFIELD DR. PENSACOLA, FL 32505
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3369056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ILAGAN, ROWENA H 4238 W. FAIRFIELD DR. PENSACOLA, FL 32505

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERRERA, CESAR T 6601 GREENWELL ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HERRERA, DIVINA R 6601 GREENWELL ST PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ICASIANO, FELISA B 1145 MOORE AVE. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ILAGAN, MOISES D 1037 FREEBOARD BLVD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ILAGAN, ROWENA H 1037 FREEBOARD BLVD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/05-80061-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Divina R. Herrera **DIVINA R. HERRERA = DS** 4/25/05 (850) 453-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #