

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 049 ***158.75

DOCUMENT # P97000083662

1. Entity Name

TEXAS TACO FACTORY EXPRESS, INC.



Principal Place of Business
1608 ALTON ROAD
MIAMI BEACH FL 33139
US

Mailing Address
5025 SW 62 AVE
MIAMI FL 33155
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0792728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERVERA, JAVIER
5025 SW 62 AVE
MIAMI FL 33155

Name LELAND NEAL

Street Address (P.O. Box Number is Not Acceptable)

8507 Franco Rd

City Miami

FL

Zip Code 33189

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CERVERA, JAVIER
STREET ADDRESS 5025 SW 62 AVE
CITY-ST-ZIP MIAMI FL 33155
☒ Delete *change*

TITLE P
NAME LELAND NEAL
STREET ADDRESS 8507 FRANCO RD.
CITY-ST-ZIP MIAMI FL 33189
☐ Change ☒ Addition

TITLE V
NAME SAUL, ALONSO
STREET ADDRESS 2791 SW 33 AVE
CITY-ST-ZIP MIAMI FL 33133
☒ Delete

TITLE V
NAME James Ross
STREET ADDRESS 14370 SW 98 ter.
CITY-ST-ZIP MIAMI FL 33186
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE S
NAME JAVIER CERVERA
STREET ADDRESS 5025 SW 62 AVE.
CITY-ST-ZIP MIAMI FL 33155
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #