

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000107953
 1. Entity Name
OLD MEXICO OF MARIANNA, INC



Principal Place of Business
**4434 LAFAYETTE STREET
 MARIANNA, FL 31446**

Mailing Address
**PO BOX 484
 MOULTRIE, GA 31776**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2368442 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AVALOS, ELISEO
 4050 BRYIN STREET
 GREENWOOD, FL 32443**

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 reinstating) 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	PS SOLORIO, SANTIAGO R 114 N EUFAULA AVE EUFAULA, AL 36027
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 05/05/05-80097-010 150.00

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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)(l), 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: _____ Date: **4-29-05** Daytime Phone # _____