2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P97000107953** OLD MEXICO OF MARIANNA, INC Mailing Address Principal Place of Business **4434 LAFAYETTE STREET** PO BOX 484 MARIANNA, FL 31446 MOULTRIE, GA 31776 04172008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 58-2368442 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AVALOS, ELISEO 4050 BRYIN STREET IN THIS SPACE GREENWOOD, FL 32443 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SOLORIO, SANTIAGO R STREET ADDRESS 114 N EUFAULA AVE EUFAULA, AL 36027 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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



NAME STREET ADDRESS CITY-ST-ZIP

Suntingo & Solorio 4-23-08

FILED