


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

P99000009058 1. Entity Name ACAPULCO, INC.	
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Principal Place of Business 10419 SOUTHERN BLVD. ROYAL PALM BEACH, FL 33411	Mailing Address 10419 SOUTHERN BLVD. ROYAL PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE

05132005	00000000	000000000000
4. FEI Number 65-0896473	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 <input type="checkbox"/> 00000000	

6. Name and Address of Current Registered Agent

NIETO, JOSE H  
10419 SOUTHERN BLVD.  
ROYAL PALM BEACH, FL 33411

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 retitulating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NIETO, JOSE H
STREET ADDRESS	10419 SOUTHERN BLVD.
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/16/05-80006-020 150.00

DO NOT WRITE  
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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: JOSE H. NIETO 5/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR