

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086053

Entity Name: MI PUEBLO, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

4436 BEE RIDGE RD  
SARASOTA, FL 34233

## New Principal Place of Business:

## Current Mailing Address:

4436 BEE RIDGE RD  
SARASOTA, FL 34233

## New Mailing Address:

FEI Number: 65-0952378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUICE, MICHELLE L  
4436 BEE RIDGE RD  
SARASOTA, FL 34233 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: NUNEZ, HUGO C  
Address: 7123 ROLAND OAKS CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: BUICE, MICHELLE L  
Address: 7123 ROLAND OAKS CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: CARO, BONIFACIO  
Address: 6046 MIRROR LAKE RD.  
City-St-Zip: SARASOTA, FL 34238

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARO, BONIFACIO  
Address: 7823 41ST COURT EAST  
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE L. BUICE

D

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date