

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001121

FILED
Apr 29, 2009
Secretary of State

Entity Name: TACO BELL CARIBLA REGIONAL MARKETING FUND, INC.

Current Principal Place of Business:

C/O YUM RESTAURANTS, 800 FAIRWAY DR.
SUITE 400
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

C/O YUM RESTAURANTS, 800 FAIRWAY DR.
SUITE 400
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER H. MESSICK, P.A.
1900 CORPORATE BLVD.
SUITE 305 WEST
BOCA RATON, FL 33431 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PEREZ, ARTURO
Address: 800 FAIRWAY DRIVE, SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DS () Delete
Name: PRIVETTE, FRANK
Address: 800 FAIRWAY DRIVE, SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: CIFONE, DEBORAH
Address: 800 FAIRWAY DRIVE, SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DT () Delete
Name: PACHECO, JOSE
Address: CALLE 19 AVE 8 CASA 1912 FRENTE ESQUINA
City-St-Zip: SAN JOSE, COSTA RICA, CR 00000

Title: DV () Delete
Name: IBARGUEN, MARIO
Address: 34 CALLE, 7-41, ZONA 11
City-St-Zip: GUATEMALA CITY, GUATEMALA, GU 01011

Title: D () Delete
Name: REYES, CASIANA
Address: 800 FAIRWAY DRIVE, SUITE 400
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTURO PEREZ

DP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date