

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 28, 2007 8:00 am
Secretary of State

03-15-2007 90019 034 ***150.00

DOCUMENT # P06000026185 1. Entity Name LA BAMBA MEXICAN RESTAURANT, INC.					
Principal Place of Business 1257 ROCKLEDGE BLVD. ROCKLEDGE, FL 32955			Mailing Address 1257 ROCKLEDGE BLVD. ROCKLEDGE, FL 32955		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4352799 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAZAR, RAUL A 496 BANYON TREE CIRCLE #100 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, ROSARIO 8372 SHENSTONE DR CINCINNATI, OH 45255	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALMA ROSA SALAZAR 1443 HEMINGWAY BLVD ROCKLEDGE, FL 32955-2711	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SALAZAR, RAUL A 70 N LEE CT MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1443 HEMINGWAY BLVD ROCKLEDGE, FL 32955-2711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, JAIME 70 N LEE CT MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1443 HEMINGWAY BLVD ROCKLEDGE, FL 32955-2711	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: RAUL A. SALAZAR			03/12/07 321-637-9607 Daytime Phone		