

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 02, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # F99000006609**

**1. Entity Name**

**EL CHICO RESTAURANTS OF AMERICA, INC.**



**Principal Place of Business**

**12200 STEMMONS FREEWAY, SUITE 100-ELCH  
DALLAS, TX 75234**

**Mailing Address**

**12200 STEMMONS FREEWAY, SUITE 100-ELCH  
DALLAS, TX 75234**



03272007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**75-2501566**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

**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**

Signature, typed or printed name of registered agent and title if applicable

(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**

**TITLE PD  
NAME STREET, E GEBE  
STREET ADDRESS 12200 STEMMONS FRWY, STE. 100  
CITY-ST-ZIP DALLAS, TX 75234**

**TITLE VD  
NAME LAMM, MARK P  
STREET ADDRESS 12200 STEMMONS FRWY STE 100  
CITY-ST-ZIP DALLAS, TX 75234**

**TITLE TSD  
NAME HARKEY, JOHN D JR  
STREET ADDRESS 12200 STEMMONS FRWY STE 100  
CITY-ST-ZIP DALLAS, TX 75234**

**TITLE AS  
NAME HACKEMACK, WENDY W  
STREET ADDRESS 12200 STEMMONS FRWY STE 100  
CITY-ST-ZIP DALLAS, TX 75234**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000686420  
04/09/07-80045-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/07**

Date

**(972) 241-5500**

Daytime Phone #