

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000033784

1. Entity Name

EL POTRO MEXICAN RESTAURANT #18, INC.



**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
1553 3RD STREET NORTH  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address  
1553 3RD STREET NORTH  
JACKSONVILLE BEACH FL 32250  
US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

2nd MOORE CR2E034 (4/08)

4. FEI Number 59-3642680  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCAMILLA, ARTURO  
2473 CANYON FALLS DRIVE  
JACKSONVILLE FL 32224

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 3, 2008**  
**Make Check Payable to Florida Department of State**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIME, RAYMUNDO C	NAME	
STREET ADDRESS	P.O. BOX 62691	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31420-0691	CITY-ST-ZIP	U000000358621 08/29/08-80004-016 550.00
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCAMILLA, ARTURO	NAME	
STREET ADDRESS	2743 CANYON FALLS DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

8-24-08-914 241.69.10

Date

Daytime Phone #