

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000044863	
1. Entity Name SAN JOSE'S ORIGINAL MEXICAN RESTAURANT, INC.	

Principal Place of Business 7427 WEST COLONIAL DR ORANGE, FL 32818	Mailing Address 7427 WEST COLONIAL DR ORANGE, FL 32818
--	--



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3646495	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SALGADO, ZENOVIO E 9819 CRENSHAW CIR CLERMONT, FL 34711	

DO NOT WRITE IN THIS SPACE

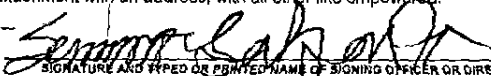
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALGADO, ARMANDO P.O. BOX 742 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALGADO, ZENOVIO 1998 CRENSHAW CIR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SALGADO, JOSE M 1998 CRENSHAW CIR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SALGADO, JOSE L 1950 NICOLE LEE CIR APTD. 825 APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000470170
03/28/06-80003-006 159.75

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	03-28-06 407 533752 Date Daytime Phone #