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	Mailing Address
7427 WEST COLONIAL DR ORANGE, FL 32818	7427 WEST COLONIAL DR ORANGE, FL 32818

DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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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] 03-08-06 407 583752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #