

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90478 027 ***150.00

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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**

00045598



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3646495

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

7. Name and Address of New Registered Agent

**SALGADO, ZENOVIO E
9819 CRENSHAW CIR
CLERMONT, FL 34711**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME SALGADO, ARMANDO
STREET ADDRESS P.O. BOX 742
CITY-ST-ZIP TAVARES, FL 32778

TITLE P ☐ Delete
NAME SALGADO, ZENOVIO
STREET ADDRESS 1998 CRENSHAW CIR
CITY-ST-ZIP CLERMONT, FL 34711

TITLE DIR ☐ Delete
NAME SALGADO, JOSE M
STREET ADDRESS 1998 CRENSHAW CIR
CITY-ST-ZIP CLERMONT, FL 34711

TITLE SEC ☐ Delete
NAME SALGADO, JOSE L
STREET ADDRESS 1950 NICOLE LEE CIR APT. 825
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **Sec Salgado Jose L.**
STREET ADDRESS **241 Pima Trail.**
CITY-ST-ZIP **Groveland, FL 34736 -**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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

Jose L Salgado

Date

04/29/07

Daytime Phone #