2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000107927

1. Entity Name
LA ESPERANZA RESTAURANTE OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address
C/O JUAN RAMIREZ 121 E MARION AVE UNIT 1122 PUNTA GORDA, FL 33950-3635	C/O JUAN RAMIREZ 121 E MARION AVE UNIT 1122 PUNTA GORDA, FL 33950-3635

DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0461630
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, JUAN
121 E MARION AVE UNIT 1122
PUNTA GORDA, FL 33950-3635

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 _____ DATE
Signature, typed or printed name of registered agent and date 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	O
NAME	RAMIREZ, JUAN
STREET ADDRESS	121 E MARION AVE UNIT 1122
CITY-ST-ZIP	PUNTA GORDA, FL 339503635
TITLE	CO
NAME	RAMIREZ, MARIA C
STREET ADDRESS	121 E MARION AVE UNIT 1122
CITY-ST-ZIP	PUNTA GORDA, FL 339503635
TITLE	D
NAME	GARCIA, ESPERANAZA
STREET ADDRESS	21323 COTTONWOOD AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000487803
04/14/06-80009-017 150.00

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: Juan Ramirez Pres. 3/30/06 (941)235-3642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #