

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107927

**FILED**  
**Jun 16, 2011**  
**Secretary of State**

**Entity Name:** LA ESPERANZA RESTAURANTE OF PORT CHARLOTTE, INC.

**Current Principal Place of Business:**

2150 TAMIAMI TRAIL  
UNIT 24  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

1900 TAMIAMI TRAIL  
UNIT 109A  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

2150 TAMIAMI TRAIL  
UNIT 24  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

1900 TAMIAMI TRAIL  
UNIT 109A  
PORT CHARLOTTE, FL 33948

**FEI Number:** 65-0461630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMIREZ, JUAN  
247 E. TARPON BLVD  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMIREZ, JUAN  
Address: 247 E. TARPON BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP  
Name: RAMIREZ, MARIA C  
Address: 247 E. TARPON BLVD  
City-St-Zip: PUNTA GORDA, FL 339503635

Title: T  
Name: RAMIREZ, JOSE  
Address: 247 E. TARPON BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUAN RAMIREZ

PR

06/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date