

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000046542 1. Entity Name OLE MEXICAN RESTAURANT, INC.	
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Principal Place of Business 9921 ATLANTIC BLVD. JACKSONVILLE, FL 32225	Mailing Address 9921 ATLANTIC BLVD. JACKSONVILLE, FL 32225
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04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3719051	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MENDOZA, YVONNE 11131 BUGATTI COURT JACKSONVILLE, FL 32246
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**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D MENDOZA, YVONNE 13910 SANDHILL CRANE DR. SOUTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDOZA, JUAN 205 COLUMBIA DR. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/18/05-80159-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Y Mendoza* **4-15-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #