2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000046542

1. Entity Name
OLE MEXICAN RESTAURANT, INC.

Principal Place of Business	Mailing Address
9921 ATLANTIC BLVD. JACKSONVILLE, FL 32225	9921 ATLANTIC BLVD. JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

04302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3719051
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENDOZA, YVONNE
11131 BUGATTI COURT
JACKSONVILLE, FL 32246

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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 _____
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000560008
05/18/06-80021-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MENDOZA, YVONNE
STREET ADDRESS	13910 SANDHILL CRANE DR. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	MENDOZA, JUAN
STREET ADDRESS	205 COLUMBIA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: J Mendoza 4-28-06 904-887-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #