

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90040 024 \*\*\*150.00

DOCUMENT # P02000004662

1. Entity Name  
EL TORO MEXICAN FAMILY RESTAURANT II, INC.



Principal Place of Business  
6450 N WICKHAM RD #114  
MELBOURNE, FL 32940

Mailing Address  
6450 N WICKHAM RD #114  
MELBOURNE, FL 32940

94023827



01222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
94-3415108

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

JESSEMAN, WILLIAM  
6450 N WICKHAM RD #114  
MELBOURNE, FL 32940

Name Paul A. Bouvier  
Street Address (P.O. Box Number is Not Acceptable)

3210 N. Wickham Rd Suite 5  
City Melbourne FL 32935

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, 2004 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 P  
NAME JESSEMAN, WILLIAM  
STREET ADDRESS 626 ROSSMOOR LN  
CITY-ST-ZIP FELLSMERE, FL 32948 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME LOPEZ, JOSE  
STREET ADDRESS 702 VICION TERR  
CITY-ST-ZIP BOCA RATON, FL 33488 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*William Jesseman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #