## 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

С	OCUMENT #	P	0200	00298	17
4	Cuting Nigers				

EL POTRO MEXICAN RESTAURANT #36, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



Principal Place of Business 243 E INTERNATIONAL SPEEDWAY BLVD DELAND FL 32720

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

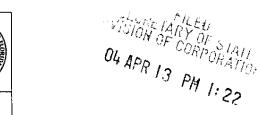
243 E INTERNATIONAL SPEEDWAY BLVD

DELAND FL 32720

3. Mailing Address

City & State

Suite, Apt. #, etc.



CHECK HERE IF MAKING	CHANGES
4. FEI Number	Applied For
01-0648002	Not Applicable
5 Certificate of Status Desired	8.75 Additional ee Required
7. Name and Address of New Registered Ag	jent

GARCIA, PABLO	
243 E INTERNATIONAL SPEEDWAY	BLVD
DELAND FL 32720	

Name	
Street Address (P.O. Box Number is Not Acceptable)	•
City FL	Zip Code

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.	

Country

ب يس	-	FILE NOW!!!"FEE IS \$150.00"
		After May 1, 2003 Fee will be \$550.00
Make	• (	Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. 'Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	
TITLE	D	☐ Defete	TITLE	<b></b>	☐ Change	☐ Addition
NAME	GARCIA, PABLO		NAME	9000337220	99	
STREET ADDRESS	243 E INTERNATIONAL SPEEDWAY BLVD		STREET ADDRESS	9000337220 04/23/0401022013	**150.C	10
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		Change	☐ Addition
NAME	JAIME, RAYMUNDO		NAME			
STREET ADDRESS	P.O. BOX 60691		STREET ADDRESS			j
CITY-ST-ZIP	SAVANNAH GA 31420		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	Addition
NAME	GARCIA, VICTOR		NAME			
STREET ADDRESS	243 E INTERNATIONAL SPEEDWAY BLVD		STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change	☐ Addition
NAME	_	;	NAME	, · · · · · · · · · · · · · · · · · · ·		ļ
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filling 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 add

SIGNATURE: