

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90161 031 \*\*\*150.00

<b>DOCUMENT # P02000057870</b>					
<b>1. Entity Name</b> MR. EMPANADA, INC.					
<b>Principal Place of Business</b> 4836 N. ARMENIA AVE. TAMPA, FL 33614			<b>Mailing Address</b> 4614 N. ST. VINCENT STREET TAMPA, FL 33614		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 4840 N. ARMENIA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> TAMPA, FL		<b>4. FEI Number</b> 30-0093167	
<b>Zip</b> 33603-1431		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PEREZ, ALBERT C 4614 N. ST. VINCENT STREET TAMPA, FL 33614		<b>7. Name and Address of New Registered Agent</b> Name: <u>ALBERT C. PEREZ</u> Street Address (P.O. Box Number is Not Acceptable): <u>4840 N. Armenia Ave</u> City: <u>TAMPA</u> FL <u>33603</u>			
<b>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.</b>					
SIGNATURE: <u>Audrey E. Perez</u> <small>Signature, typed or printed name of registered agent and state if applicable</small>		DATE: <u>4/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> PEREZ, ALBERT 4614 N. ST. VINCENT STREET TAMPA, FL 33614		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 W. TAMPA BAY BLVD, B105 TAMPA, FL 33607	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> PEREZ, AUDREY E 4614 N ST VINCENT ST TAMPA, FL 33614		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 W. TAMPA BAY BLVD, B105 TAMPA, FL 33607	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.D LISA MARIE PEREZ FERRAS 3307 W. TAMPA BAY AVENUE TAMPA, FL 33611-1541	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 lines empowered.</b>					
SIGNATURE: <u>Audrey E. Perez</u>		DATE: <u>3/28/08</u>		DAYTIME PHONE: <u>813-879-6232</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>AUDREY E. PEREZ, SEC-TREAS</u>					