

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000077696

1. Entity Name

LA HACIENDA OF WEST FLORIDA, INC.



Principal Place of Business

8086 N DAVIS HWY
PENSACOLA, FL 32514

Mailing Address

8086 N DAVIS HWY
PENSACOLA, FL 32514



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number

54-2065049

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

BARRAGAN, BERNARDO
8086 N DAVIS HWY
PENSACOLA, FL 32514

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARRAGAN, BERNARDO
STREET ADDRESS	2268 WYATT ST
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	DV
NAME	BARRAGAN, GERONIMO
STREET ADDRESS	3328 COUNTRY MEADOW LN
CITY-ST-ZIP	PACE, FL 32571
TITLE	DS
NAME	BARRAGAN, GUILLERMINA
STREET ADDRESS	3328 COUNTRY MEADOW LN
CITY-ST-ZIP	PACE, FL 32571
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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02/01/08-80014-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

B. Barragan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

Date

850-494-7130

Daytime Phone #