


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000107589 1. Entity Name LA FIESTA MEXICAN RESTAURANT & LOUNGE, INC.				FILED CLERK OF STATE DIVISION OF CORPORATION 04 SEP 30 PM 2:56	
Principal Place of Business 140 HWY 12192 LA FIESTA MEX RAST LONGWOOD FL 32750		Mailing Address 140 HWY 12192 LA FIESTA MEX RAST LONGWOOD FL 32750		<i>Same w/ correction</i>	
2. Principal Place of Business La Fiesta Mexican Restaurant Suite, Apt. #, etc. 140 S. Hwy 17-92 City & State Longwood FL Zip 32750		3. Mailing Address La Fiesta Mexican Restaurant Suite, Apt. #, etc. 140 S. Hwy 17-92 City & State Longwood FL Zip 32750		MOORE CR2E034 (4/04)	
4. FEI Number 13-4219059		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLEJAS, GABRIEL 869 BALLARD ST., #1 ALTAMONTE SPRINGS FL 32701-0000			7. Name and Address of New Registered Agent Name Callejas, Gabriel Street Address (P.O. Box Number is Not Acceptable) 562 Azalea Bloom Dr. City Apopka FL Zip Code 32712		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLEJAS, GABRIEL 869 BALLARD ST, APT 1 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Callejas, Gabriel 562 Azalea Bloom Dr. Apopka FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041556832 10/04/04--01014--015 **550.00	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041556832 10/04/04--01014--015 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____			09/28/04 321-439-95-09		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		