

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000073835

1. Entity Name
EL POTRO MEXICAN RESTAURANT #E-1, INC.



Principal Place of Business
**5871 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32216**

Mailing Address
**5871 UNIVERSITY BOULEVARD WEST
JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
86-1072166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVID, LOUIS
12627 SAN JOSE BLVD.
SUITE #306
JACKSONVILLE, FL 32223**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESCAMILLA, NICOLAS
STREET ADDRESS	2758 LANTANA LAKES DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	ESCAMILLA, ALFREDO
STREET ADDRESS	5669 BENEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 322077415
TITLE	D
NAME	ESCAMILLA, JOSE D
STREET ADDRESS	14613 CAMBERWELL LANE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 322580001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80055-003 150.00

**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: Jose Escamilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 904 733-0844
Date Daytime Phone #