

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90030 013 ***150.00

DOCUMENT # P04000023299	
1. Entity Name LA NOPALERA MEXICAN RESTAURANT #6, INC.	

Principal Place of Business 11700 SAN JOSE BLVD. #3 - #4 JACKSONVILLE, FL 32223	Mailing Address 11700 SAN JOSE BLVD. #3 - #4 JACKSONVILLE, FL 32223
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40003788



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3708047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALENCIA, JOSE 11700 SAN JOSE BLVD. #3 - #4 JACKSONVILLE, FL 32223	
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7. Name and Address of New Registered Agent	
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.	
SIGNATURE: <i>JA w</i>	DATE: 1-15-05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, JOSE <input type="checkbox"/> Delete 3134 MARRANO DR. ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, CARLOS <input type="checkbox"/> Delete 1331 SPANISH NEEDLE CT. ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, SIGIFREDO <input type="checkbox"/> Delete 2040 ALPHA CT. ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, SIGIFREDO JR. <input type="checkbox"/> Delete 2040 ALPHA CT. ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>JA w</i> Jose A. Valencia	DATE: 1-15-05 DAYTIME PHONE: 912-691-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	