

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90148 050 \*\*\*150.00

<b>DOCUMENT # P04000025438</b> 1. Entity Name <b>LA HACIENDA MEXICAN RESTAURANT OF PALM COAST, INC.</b>					
Principal Place of Business <b>242 PALM COAST PARKWAY NE PALM COAST, FL 32137</b>			Mailing Address <b>P O BOX 484 MOULTRIE, GA 31776</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LOPEZ, FERNANDO 242 PALM COAST PARKWAY NE PALM CAOST, FL 32137</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAUTISTA, LUZ MARIA</b>		NAME		
STREET ADDRESS	<b>7 WALTON PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOPEZ, FERNANDO</b>		NAME		
STREET ADDRESS	<b>7 WALTON PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Luz Maria Bautista</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-29-05</u> <small>Daytime Phone #</small>		