

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000025438

1. Entity Name

LA HACIENDA MEXICAN RESTAURANT OF PALM
COAST, INC.



Principal Place of Business

242 PALM COAST PARKWAY NE
PALM COAST, FL 32137

Mailing Address

P O BOX 484
MOULTRIE, GA 31776



04172008

No Chg-P

CR2E034 (11/05)

4. FEI Number

87-0720917

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

LOPEZ, FERNANDO
242 PALM COAST PARKWAY NE
PALM CAOST, FL 32137

**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

U0000009329013
05/21/08-80052-004 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAUTISTA, LUZ MARIA
STREET ADDRESS 7 WALTON PLACE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE V
NAME LOPEZ, FERNANDO
STREET ADDRESS 7 WALTON PLACE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Luz M Bautista
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08
Date

Daytime Phone #