

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000026664

1. Entity Name
DON PANCHO VILLA RESTAURANT MARKET, INC.



Principal Place of Business
4010 FIESTA PLAZA
TAMPA, FL 33607

Mailing Address
4010 FIESTA PLAZA
TAMPA, FL 33607



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0719785

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, MARGARITO
4010 FIESTA PL
TAMPA, FL 33607

**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	P
NAME	PEREZ, MARGARITO
STREET ADDRESS	4010 FIESTA PL
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	S
NAME	DOTHE-CRUZ, ISABEL
STREET ADDRESS	4010 FIESTA PL
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	T
NAME	PEREZ, MARGARITO
STREET ADDRESS	4010 FIESTA PL
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VP
NAME	PEREZ-DOTHE, JAVIER
STREET ADDRESS	4010 FIESTA PL
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80061-016 150.00

**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: X MARGARITO PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/07 813-872-6387