

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042033

Entity Name: PERDIGON EL SABOR INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 904
PALM HARBOR, FL 34682

New Principal Place of Business:

5725 MOCKINGBIRD DRIVE
NEW PORT RICHEY, FL 34652

Current Mailing Address:

P.O. BOX 904
PALM HARBOR, FL 34682

New Mailing Address:

5725 MOCKINGBIRD DRIVE
NEW PORT RICHEY, FL 34652

FEI Number: 20-0840605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDIGON, WILMER
5725 MOCKINGBIRD DRIVE
NEW PORT RICHEY, FL 346566321 US

Name and Address of New Registered Agent:

PERDIGON, WILMER
5725 MOCKINGBIRD DRIVE
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: WILMER PERDIGON

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERDIGON, WILMER
Address: 5725 MOCKINGBIRD DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERDIGON, WILMER
Address: 5725 MOCKINGBIRD DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILMER PERDIGON

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date