


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90049 040 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P04000095977</b><br>1. Entity Name<br><b>ESPANA RESTAURANT OF AMELIA ISLAND, INC</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>22 SOUTH 4TH STREET<br/>FERNANDINA BEACH, FL 32034</b>   |  |   | Mailing Address<br><b>22 SOUTH 4TH STREET<br/>FERNANDINA BEACH, FL 32034</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc. |   |   |  |
| City & State<br>Zip      Country   |  | City & State<br>Zip      Country          |   | 4. FEI Number<br><b>20-1281485</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>COURSON &amp; STAM, LLC<br/>2398 SADLER ROAD<br/>FERNANDINA BEACH, FL 32034</b>  |  |   |   |   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Marina Pestana</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>22 S. 4th St.</b><br><b>Fernandina Beach, FL</b><br>City <b>FL</b> Zip Code <b>32034</b>  |  |   |   |   |  |
| 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.<br>SIGNATURE <u><i>Marina Pestana</i></u> DATE <b>4-17-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>PESTANA, JOSE R<br/>22 SOUTH 4TH STREET<br/>FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>PESTANA, MARINA M<br/>22 SOUTH 4TH STREET<br/>FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <u><i>Marina Pestana</i></u> <u><i>Marina Pestana</i></u> DATE <b>4-17-08</b> DAYTIME PHONE # <b>904 753-2086</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |  |