


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90066 035 ***150.00

DOCUMENT # P04000116664	
1. Entity Name MR. EMPANADA FRANCHISE CORP.	

Principal Place of Business 4836 N. ARMENIA AVE TAMPA, FL 33614	Mailing Address 4614 NORTH ST. VINCENT ST. TAMPA, FL 33614
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40024250

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02082007 Chg-P CR2E034 (12/06)

4. FEI Number 34-2011320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BEYER, DAVID A 101 EAST KENNEDY BLVD., STE. 2000 TAMPA, FL 33602	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD	TITLE	
NAME	PEREZ, ALBERT	NAME	
STREET ADDRESS	4614 NORTH ST. VINCENT ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	PEREZ, AUDREY E	NAME	
STREET ADDRESS	4614 NORTH ST. VINCENT ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE		TITLE	VD
NAME		NAME	LISA MARIE PEREZ FERRAS
STREET ADDRESS		STREET ADDRESS	3307 W. TAMMAY AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33611
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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: Audrey E. Perez DATE: 813-879-6232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: AUDREY E. PEREZ, PRESIDENT