
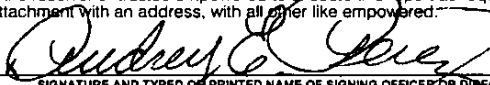


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90161 032 \*\*\*150.00

<b>DOCUMENT # P04000116664</b> 1. Entity Name <b>MR. EMPANADA FRANCHISE CORP.</b>			
Principal Place of Business <b>4836 N. ARMENIA AVE TAMPA, FL 33614</b>		Mailing Address <b>4614 NORTH ST. VINCENT ST. TAMPA, FL 33614</b>	
2. Principal Place of Business - No P.O. Box # <b>4840 N. ARMENIA AVE</b> Suite, Apt. #, etc. <b>A</b>		3. Mailing Address <b>4840 N. ARMENIA AVE</b> Suite, Apt. #, etc. <b>A</b>	
City & State <b>TAMPA, FL</b> Zip <b>33603-1431</b>		City & State <b>TAMPA, FL</b> Zip <b>33603-1431</b>	
Country 		Country 	
4. FEI Number <b>34-2011320</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BEYER, DAVID A 101 EAST KENNEDY BLVD., STE. 2000 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PEREZ, ALBERT 4614 NORTH ST. VINCENT ST. TAMPA, FL 33614	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, AUDREY E 4614 NORTH ST. VINCENT ST. TAMPA, FL 33614	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date <b>813-879-6233</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>AUDREY E. PEREZ, PRESIDENT</b>		Daytime Phone #	