

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2008 90161 032 ***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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2. Principal Place of Business - No P.O. Box # 4840 N. ARMENIA AVE	3. Mailing Address 4840 N. ARMENIA AVE	
Suite, Apt. #, etc. A	Suite, Apt. #, etc. A	
City & State TAMPA, FL	City & State TAMPA, FL	
Zip 33603-1431	Country 33603-1431	
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
		4. FEI Number 34-2011320
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 W. TAMPA BAY BLVD, B105 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, AUDREY E 4614 NORTH ST. VINCENT ST. TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2424 W. TAMPA BAY BLVD, B105 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition W. D LISA MARIE PEREZ FERAAS 3307 W. TAMBAV AVENUE TAMPA, FL 33611-1541
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: 
AUDREY E. PEREZ, PRESIDENT

813-879-6233

Daytime Phone #

Date