

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000120422

1. Entity Name
EL POTRO MEXICAN RESTAURANT #40, INC.



Principal Place of Business
**939 ARLINGTON RD
JACKSONVILLE, FL 32211**

Mailing Address
**939 ARLINGTON RD
JACKSONVILLE, FL 32211**

U00000494470
04/20/06-80046-019 150.00



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4286240	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID, LOUIS
12627 SAN JOSE BLVD SUITE 306
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESCAMILIA, NICOLAS
STREET ADDRESS	2758 LANTANA LAKES DR
CITY-ST-ZIP	JACKSONVILLE, FL 32246

TITLE	D
NAME	ESCAMILLA, ALFREDO
STREET ADDRESS	5669 BENEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 322077415

TITLE	D
NAME	JAIME, RAYMUNDO C
STREET ADDRESS	12404 LARGO DR
CITY-ST-ZIP	SAVANNAH, GA 31419

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 507, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 04 06.
Date Daytime Phone #