

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90063 031 \*\*\*150.00

50062761

<b>DOCUMENT # P04000120899</b> 1. Entity Name <b>EL POTRO MEXICAN RESTAURANT #41, INC.</b>					
Principal Place of Business <b>17-95 ALAFAYA WOODS BLVD</b> <b>PABLO</b> <b>OVIEDO, FL 32765</b>			Mailing Address <b>17-95 ALAFAYA WOODS BLVD</b> <b>PABLO</b> <b>OVIEDO, FL 32765</b>		
2. Principal Place of Business <i>15 Alafaya Woods Blvd</i>		3. Mailing Address <i>15 Alafaya Woods Blvd</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		08082005    Chg-P    CR2E034 (10/03)	
City & State <i>Oviedo, FL</i>		City & State <i>Oviedo, FL</i>		4. FEI Number <i>20-1515712</i>	
Zip <i>32765</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32765</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARCIA, PABLO</b> <b>17-95 ALAFAYA WOODS BLVD</b> <b>PABLO</b> <b>OVIEDO, FL 32765</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>15 Alafaya Woods Blvd</i> City <i>Oviedo</i> <b>FL</b> Zip Code <i>32765</i>	
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 \$550.00</b> <b>Due by September 7, 2005</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 NAME STREET ADDRESS CITY-ST-ZIP	D <b>GARCIA, PABLO</b> <b>7106 IVY CT</b> <b>WINTER PARK, FL 32792</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JAIME, RAYMUNDO</b> <b>P.O. BOX 60691</b> <b>SAVANNAH, GA 31420</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GARCIA, CIRILO</b> <b>645 SITKA CT</b> <b>APOPKA, FL 32703</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>+ Pablo Garcia</i>			Date: <i>8/8/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

50062761

Division of Corporations  
P O Box 6327  
Tallahassee, FL. 32314

Re: El Potro Mexican Restaurant #41, Inc.

#P04000120899

2005 Reinstatement

August 10, 2005

Dear sir:

We did not file the 2005 Uniform Business Report because we never received the form.  
Our business began on July 13, 2005 and no mail was delivered during renovation.

Enclosed please find the signed 2005 Uniform Business Report, a check in the amount of \$150 for the filing fee. Please waive the late filing penalty.

Your favorable consideration will be greatly appreciation. Thank you very much for your assistance.

Sincerely,



Pablo Garcia, president  
17-95 Alafaya  
Woods Blvd  
Oviedo, FL 32765