


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**


03-24-2006 90024 019 \*\*\*150.00

<b>DOCUMENT # P05000047682</b>	
1. Entity Name <b>EL TAMPENO, INC.</b>	

Principal Place of Business <b>2126 BRANDON PARK CIRCLE BRANDON FL 33510</b>	Mailing Address <b>2126 BRANDON PARK CIRCLE BRANDON FL 33510</b>
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2. Principal Place of Business <b>1356 Shoreline Ave.</b>	3. Mailing Address <b>2126 Brandon Park Cir</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL</b>	City & State <b>Brandon, FL</b>
Zip <b>33605-6755</b>	Zip <b>33510</b>
Country <b>USA</b>	Country <b>USA</b>

	
1st MOORE	CR2E034 (10/05)
4. FEI Number <b>20-2636054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DAVILA, FRANCISCO J 2126 BRANDON PARK CIRCLE BRANDON FL 33510</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>Fco Davila, Francisco J. Davila, President</b>	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>DAVILA, FRANCISCO J</b>	
STREET ADDRESS <b>2126 BRANDON PARK CIRCLE</b>	
CITY-ST-ZIP <b>BRANDON FL 33510</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>PEREZ, MARIBEL</b>	
STREET ADDRESS <b>2126 BRANDON PARK CIRCLE</b>	
CITY-ST-ZIP <b>BRANDON FL 33510</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <b>Fco Davila, Francisco J. Davila, President</b>	Date	Daytime Phone #
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