

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000058474

1. Entity Name

TAPATIOS RESTAURANTE MEXICANO #2, INC.



Principal Place of Business

6645 SOUTH FLORIDA AVE  
LAKELAND, FL 33813

Mailing Address

6645 SOUTH FLORIDA AVE  
LAKELAND, FL 33813



04152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

33-1116341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, JESUS B  
715 BRYSON LOOP  
LAKELAND, FL 33809

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VARGAS, JESUS
STREET ADDRESS	715 BRYSON LOOP
CITY - ST - ZIP	LAKELAND, FL 33809
TITLE	VP
NAME	VARGAS, RENE B
STREET ADDRESS	2255 HONEYCOMB LANE
CITY - ST - ZIP	LAKELAND, FL 33801
TITLE	T
NAME	HUICHAPA, DOLORES
STREET ADDRESS	407 EMERALD COVE LOOP
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	S
NAME	OCHOA, JORGE E
STREET ADDRESS	5102 KENSINGTON HEIGHTS DR
CITY - ST - ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/01/07-80074-022 158.75

**DO NOT WRITE  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-07

Date

Daytime Phone #