2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 14, 2006 8:00 am Secretary of State

05-02-2006 90428 018 ***158.75 **DOCUMENT # P05000076203** 1. Endity Name
LA TAPATIA TAQUERIA II, INC. Principal Place of Business Mailing Address 10440 FRONT BEACH ROAD 66023043 10440 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business 3. Mailing Address Suita, Apt. #, etc. Suite, Apt. *, etc. 04172006 CR2E034 (11/05) 4. FEI Number 3237055 Applied For City & State City & State Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARE, DIANE C CPA Street Address (P.O. Box Number is Not Acceptable) HARE & MYERS PA 2589 JENKS AVENUE PANAMA CITY, FL 32405 City 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, types or printed name of registered agent and little if explicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delate MLE TITLE ☐ Change ☐ Addition BARRAGAN, ISMAEL NAME NAME 208 W 23RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL. 32405 CITY-ST-ZP ☐ Paleta TITLE TITLE 910 Change ☐ Addition Barragan Silvino 3001 Moviell Cour BARRAGAN, SILVINO G NUE STREET ADDRESS 4324 WEST 20TH STREET D-124 STREET ADDRESS PANAMA CITY, FL 32405 CITY-ST-ZIP CITY-SE-ZIP ☐ Detete THE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-57-7P CITY-ST-7P October o Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZUP TITLE C Deleta TITLE ☐ Chance ☐ Addition NAME NULE STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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 eath; 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, Rorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment year an eathers. SIGNATURE: STENATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR