

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000076203

1. Entity Name

LA TAPATIA TAQUERIA II, INC.



Principal Place of Business

10440 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32408

Mailing Address

10440 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32408

**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**



08122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3237055

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HARE, DIANE C CPA  
HARE, HARE & MYERS PA  
2589 JENKS AVENUE  
PANAMA CITY, FL 32405

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DPC
NAME	BARRAGAN, ISMAEL
STREET ADDRESS	208 W 23RD STREET
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	STD
NAME	BARRAGAN, SILVINO G
STREET ADDRESS	3001 NOWELL COURT
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

8/19/08

Date

Daytime Phone #