

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90841 038 ***150.00

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1. Entity Name
EL NACHITO MEXICAN RESTAURANT, INC.



Principal Place of Business
12795 SW 280 STREET
HOMESTEAD, FL 33032 US

Mailing Address
29290 SW 193 AVE
HOMESTEAD, FL 33030 US

40035000



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3006998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAUDET, ARTHUR I SR.
29290 SW 193 AVE
HOMESTEAD, FL 33030

**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 \$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 BEAUDET, ARTHUR I SR
STREET ADDRESS 29290 SW 193 AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE VP
NAME BEAUDET, ARTHUR I JR
STREET ADDRESS 29290 SW 193 AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE SEC
NAME BEAUDET, HILDA B
STREET ADDRESS 29290 SW 193 AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Arthur I Beaudet Sr 4-27-07 305-258-8154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #