

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 13, 2006 8:00 am  
Secretary of State

02-22-2006 90018 025 \*\*\*150.00

DOCUMENT # P05000125882			
1. Entity Name EL POTRO MEXICAN RESTAURANT OF SANFORD, INC.			
Principal Place of Business 3639 ORLANDO DRIVE SANFORD FL 32773		Mailing Address 3639 ORLANDO DRIVE SANFORD FL 32773	
2. Principal Place of Business CL Potro Suite, Apt. #, etc. mexicana res		3. Mailing Address 3639 Orlando DR Suite, Apt. #, etc.	
City & State 3639 Orlando DR		City & State SANFORD FL	
Zip Sanford FL 32773		Country Seminole	
4. FEI Number 20-346198		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, PABLO 3639 ORLANDO DRIVE SANFORD FL 32773		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-stating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARCIA, PABLO 7106 IVY COURT WINTER PARK FL 32792	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JAIME, RAYMUNDO PO BOX 60691 SAVANNAH GA 31420	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RAMOS, HECTOR 3202 ORLANDO DRIVE #806 SANFORD FL 32773	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:  HECTOR RAMOS		Date: 2-7-06 Daytime Phone #: 407325-9933	