


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000125882</b> 1. Entity Name <b>EL POTRO MEXICAN RESTAURANT OF SANFORD, INC.</b>	
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Principal Place of Business <b>CL POTTO 3639 ORLONDO DR SANFORD, FL 32773</b>	Mailing Address <b>3639 ORLONDO DR SANFORD, FL 32773</b>
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3461198</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GARCIA, PABLO 3639 ORLANDO DRIVE SANFORD, FL 32773</b>
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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 <i>Hector Garcia</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>1-31-07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, PABLO 7106 IVY COURT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAIME, RAYMUNDO PO BOX 60691 SAVANNAH, GA 31420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, HECTOR 3202 ORLANDO DRIVE #806 SANFORD, FL 32773
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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02/09/07-80053-011 150.00

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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: <i>Hector Garcia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>1-31-07</i> <small>Daytime Phone #</small>