2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000125882

1. Entity Name
EL POTRO MEXICAN RESTAURANT OF SANFORD, INC.

Principal Place of Business	Mailing Address
CL POTTO 3639 ORLONDO DR SANFORD, FL 32773	3639 ORLONDO DR SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3461198	Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, PABLO
3639 ORLANDO DRIVE
SANFORD, FL 32773

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, PABLO
STREET ADDRESS	7106 IVY COURT
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	D
NAME	JAIME, RAYMUNDO
STREET ADDRESS	PO BOX 60691
CITY-ST-ZIP	SAVANNAH, GA 31420

TITLE	D
NAME	RAMOS, HECTOR
STREET ADDRESS	3202 ORLANDO DRIVE #806
CITY-ST-ZIP	SANFORD, FL 32773

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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01/23/08-80022-001 150.00

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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: _____   1-11-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #