


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000064388	
1. Entity Name EL POTOSI MEXICAN FOOD, INC.	

Principal Place of Business 52 BRIDGEHAVEN DRIVE PALM COAST, FL 32137 US	Mailing Address 52 BRIDGEHAVEN DRIVE PALM COAST, FL 32137 US
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DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4820472	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAIBLE EA, JULIE D 121 DUNDEE RD DAYTONA BEACH, FL FL
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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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDEPENAS, PABLO 52 BRIDGEHAVEN DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALES, MARINA 52 BRIDGEHAVEN DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDEPENAS, GLORIA A 52 BRIDGEHAVEN DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALDEPENAS, PABLO JR 52 BRIDGEHAVEN DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000890766
04/22/08-80108-016 150.00

DO NOT WRITE IN THIS SPACE

U00000890766
04/22/08-80108-017 8.75

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>Gloria Rojas Morales</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/8/08</i> <small>Date</small>	<small>Daytime Phone #</small>
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