

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90057 001 *****8.75
03-21-2007 90057 002 ***150.00

66005989



03092007 Chg-P CR2E034 (12/06)

4. FEI Number **20-8056383** Applied For
Not Applicable

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

DOCUMENT # P06000153928

1. Entity Name
EL POBLANO AUTHENTIC MEXICAN RESTAURANT INC.



Principal Place of Business
**2921 S. ORLANDO DR.
SUITE # 140
SANFORD, FL 32773**

Mailing Address
**798 BAYBREEZE LANE
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business - No P.O. Box #
2921 S. Orlando Dr.

3. Mailing Address
798 Baybreeze Ln

Suite, Apt. #, etc.
Suite #140

Suite, Apt. #, etc.
#

City & State
Sanford, FL 32773

City & State
Altamonte sprgs FL

Zip
32773

Country
Seminole

Zip
32714

Country
Seminole

6. Name and Address of Current Registered Agent

**PICHARDO, RAMONA I
798 BAYBREEZE LANE
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name **Ramona Pichardo (same)**
Street Address (P.O. Box Number is Not Acceptable)

798 Baybreeze Ln

City **Altamonte sprgs**

FL Zip Code **32714**

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 **Ramona Pichardo**

Ramona Pichardo

3-19-07

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** ☐ Delete
NAME **PICHARDO, RAMONA I**
STREET ADDRESS **2921 S. ORLANDO DR.**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Ramona Pichardo** ☐ Change ☐ Addition
NAME **798 Baybreeze Ln**
STREET ADDRESS **Altamonte Spring FL 32714**
CITY-ST-ZIP

TITLE **(Same as since 1/6/07)** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Ramona Pichardo, Ramona Pichardo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07
Date

321-277-9458
Daytime Phone #