

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094280

Entity Name: ESPINOZA'S TORTILLERIA, INC

FILED
May 13, 2009
Secretary of State

Current Principal Place of Business:

924 ROBERTS ROAD UNIT 95
LAKE HAMILTON, FL 33851

New Principal Place of Business:

Current Mailing Address:

CHANLER RIDGE ASHLEY PLACE #414
HAINES CITY, FL 33844

New Mailing Address:

29 REDWOOD ST
HAINES CITY, FL 33844

FEI Number: 26-0757356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOZA, SERGIO
CHANLER RIDGE ASHLEY PLACE #414
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

ESPINOZA, PAULINO
29 REDWOOD ST
HAINES CITY, FL 33844 US

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.

SIGNATURE: PAULINO ESPINOZA

05/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESPINOZA, SERGIO
Address: CHANLER RIDGE ASHLEY PLACE #414
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: ESPINOZA, MARIANO
Address: CHANLER RIDGE ASHLEY PLACE #414
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: ESPINOZA, PAULINO
Address: CHANLER RIDGE ASHLEY PLACE #414
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESPINOZA, SERGIO
Address: 29 REDWOOD ST
City-St-Zip: HAINES CITY, FL 33844

Title: P (X) Change () Addition
Name: ESPINOZA, MARIANO
Address: 29 REDWOOD ST
City-St-Zip: HAINES CITY, FL 33844

Title: P (X) Change () Addition
Name: ESPINOZA, PAULINO
Address: 29 REDWOOD ST
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINO ESPINOZA

P

05/13/2009

Electronic Signature of Signing Officer or Director

Date