

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 028 ***150.00



DOCUMENT # P93000002809

1. Entity Name

LOS COCOS MEXICAN RESTAURANT, INC.

Principal Place of Business
 107 N.W. 6TH AVE.
 OKEECHOBEE FL 34972
 US

Mailing Address
 107 N.W. 6TH AVE.
 OKEECHOBEE FL 34972
 US



2. Principal Place of Business - No P.O. Box #

107-NW 6TH AVE

Suite, Apt. #, etc.

3. Mailing Address

107-NW-6TH AVE

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

OKEECHOBEE FL

City & State

OKEECHOBEE FL

4. FEI Number

65-0392948

Applied For

Not Applicable

Zip

34972 OKEECHOBEE

Country

OKEECHOBEE

Zip

34972

Country

OKEECHOBEE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLORZANO, JUAN F
 107 N.W. 6TH AVE.
 OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SOLORZANO, JUAN F	
STREET ADDRESS	107 N.W. 6TH AVE.	
CITY- ST- ZIP	OKEECHOBEE FL 34972	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SOLORZANO, YOLANDA R	
STREET ADDRESS	107 N.W. 6TH AVE.	
CITY- ST- ZIP	OKEECHOBEE FL 34972	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOLORZANO, RODNEY	
STREET ADDRESS	2242 NORTHWEST 7 STREET	
CITY- ST- ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] JUAN F SOLORZANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-2007 7-863-4670922

Date

Daytime Phone #