


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000015605

1. Entity Name
 ACAPULCO MEXICAN RESTAURANT, INC.



Principal Place of Business
 1835 U.S. 1 SOUTH, SUITE 135
 SAINT AUGUSTINE, FL 32084

Mailing Address
 1835 U.S. 1 SOUTH, SUITE 135
 SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE



03072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3360351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ASDRUBAL
 1835 U.S. 1 SOUTH, SUITE 135
 SAINT AUGUSTINE, FL 32084

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, ASDRUBAL 148 CALLE DE LEON ST. AUGUSTINE, FL 32086
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 04/29/04-80077-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ *Asdrubal Martinez* _____ **4-15-04** _____

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