

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

44

FILED

Apr 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000102117	
1. Entity Name PESOS MEXICAN RESTAURANTS OF FLORIDA, INC.	



Principal Place of Business 1801 GEORGE JENKINS BLVD LAKELAND, FL 33815	Mailing Address 1801 GEORGE JENKINS BLVD LAKELAND, FL 33815
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DO NOT WRITE IN THIS SPACE

03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3481333	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RODRIGUEZ, ISMAEL 3909 SADDLE RIDGE STREET VALRICO, FL 33594
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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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000118899

04/19/04 80072-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ISMAEL 3909 SADDLE RIDGE ST VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO-SOTO, BLANCA 3909 SADDLE RIDGE ST VALRICO, FL 33594
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Ismael Rodriguez* ISMAEL Rodriguez

4/14/04

(863) 648-240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #