

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 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



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3481333

Applied For
Not Applicable

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

**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

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
(Trust Fund Contribution.) ☐

\$5.00 May Be
Added to Fees

U00000431263
02/23/06-80018-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, ISMAEL
STREET ADDRESS	3909 SADDLE RIDGE ST
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	PRIETO-SOTO, BLANCA
STREET ADDRESS	3909 SADDLE RIDGE ST
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Rodriguez Ismael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #