


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90001 031 \*\*\*150.00

DOCUMENT # P97000108624 1. Entity Name OCHOA'S SOUTH OF THE BORDER, INC.	
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Principal Place of Business 4024 HWY 70 WEST OKEECHOBEE, FL 34972	Mailing Address 406 NW 11TH AVE OKEECHOBEE, FL 34972
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**DO NOT WRITE IN THIS SPACE**



05312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0813960	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  
 OCHOA, HORTENCIA  
 406 NW 11TH AVE  
 OKEECHOBEE, FL 34972

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D, S OCHOA, EFRAIN JR 1112 NW 2ND STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D, T OCHOA, HORTENCIA 406 NW 11TH AVE OKEECHOBEE, FL 34972
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Hortencia Ochoa 5/31/05 (863) 961-4767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #