


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000108624
 1. Entity Name
 OCHOA'S SOUTH OF THE BORDER, INC.



Principal Place of Business 4024 HWY 70 WEST OKEECHOBEE, FL 34972	Mailing Address 406 NW 11TH AVE OKEECHOBEE, FL 34972
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06202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 6, 2006

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	VDS OCHOA, EFRAIN JR 1112 NW 2ND STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT OCHOA, HORTENCIA 406NW 11TH AVE. OKEECHOBEE, FL 34972
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 06/28/06-80002-002 550.00

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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: Hortencia Ochoa 6/26/06 863-467-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #