


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

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**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0813960</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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: *Hortencia Ochoa* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	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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U00000586423  
01/16/07-80052-014 150.00

**DO NOT WRITE 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: *Hortencia Ochoa* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_