

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90004 042 \*\*\*150.00

**40022433**



02132007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P99000039704</b> 1. Entity Name <b>EL PIRATA MEXICAN RESTAURANT, INC.</b>			
Principal Place of Business <b>1715 E. OAK ST. ARCADIA, FL 34266</b>		Mailing Address <b>1715 E. OAK ST. ARCADIA, FL 34266</b>	
2. Principal Place of Business - No P.O. Box # <b>1999 SE HWY 70</b>		3. Mailing Address <b>1999 SE HWY 70</b>	
Suite, Apt. #, etc. <b>arcadia FL</b>		Suite, Apt. #, etc. <b>arcadia FL</b>	
City & State <b>arcadia FL</b>		City & State <b>arcadia FL</b>	
Zip <b>34266</b>	Country <b>Desot</b>	Zip <b>34266</b>	Country <b>Desot</b>
4. FEI Number <b>59-3579791</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALDRON, EUGENE E JR. 124 N. BREVARD AVE. ARCADIA, FL 34266</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BARRAGAN, DORA M 1715 E. OAK ST. ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Dora Barragan 1999 SE HWY 70 arcadia FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BARRAGAN, JUAN M 1715 E OAK STREET ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1999 SE HWY 70 Manuel arcadia FL 34266 BARRAGAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Dora Barragan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2/16/07</u> Daytime Phone # _____	