


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 027 ***150.00

| | | | | |
|--|-----------------------------------|---|--|---|
| DOCUMENT # V61103 | | | |  |
| 1. Entity Name LA LECHONERA RESTAURANT OF TAMPA, INC. | | | | |
| Principal Place of Business 5601 N ARMENIA AVE. TAMPA, FL 33603 | | Mailing Address 5601 N ARMENIA AVE. TAMPA, FL 33603 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3141025 Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 01152008 Chg-P CR2E034 (12/06) \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | |
| MELENDEZ, LUCY 11731 SPANISH LAKE DR TAMPA, FL 33635 | | | Name <i>Lucy Melendez</i> Street Address (P.O. Box Number is Not Acceptable) <i>4151 Hawksbill Court</i> <i>Zephyrhills, FL 33543</i> City FL 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 _____ | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MELENDEZ, ELIBERTO | NAME | | |
| STREET ADDRESS | 4151 HAWKSBILL CT. | STREET ADDRESS | | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33543 | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MELENDEZ, LUCY | NAME | | |
| STREET ADDRESS | 4151 HAWKSBILL CT. | STREET ADDRESS | | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33543 | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| 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: <i>Lucy Melendez</i> | | Date: <i>1/15/08</i> Daytime Phone #: <i>813-870-3504</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | |