FOR PROFIT CORPORATION

FILED ATX1 M

305-332-7815

Daytime Phone #

3/3/2007

Date

| DOCUMENT # M06437 1. Entity Name NATIONAL GROCERIES DISTRIBUTOR INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 5529 NW 72 AVE Suite, Apt. #, etc. City & State City & State DO NOT WRITE IN THIS SPACE City & State City & State DO NOT WRITE IN THIS SPACE City & State DO NOT WRITE IN THIS SPACE City & State DO NOT WRITE IN THIS SPACE IN THIS SPACE DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE To Name and Address of Current Registered Agent Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE City Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE Sireet Address (P.O. Bo | UNIFORM BUSINESS'REPORT (UBR) | | | | | Mar 09, 2007 08:00 A | | |
|---|--|---|--|---|--|--|-------------------------------------|--|
| DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 5529 NW 72 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country January DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE T. Name and Address of Current Registered Agent Name BLANCO JOSUE Size Address (P.O. Box Number is Not Acceptable) S529 NW 72ND AVENUE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signatury 1- May 1 Fee is \$150.00 After May 1, Fee is \$50.00 Arter May 1, Fee is \$50.00 Arter May 1, Fee is \$50.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. BLANCO, JOSUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRE | DOCUMENT | · | | (=== | | Secret | ary of State | |
| 2. Principal Place of Business 5529 NW 72 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent Name BLANCO JOSUE Signature, upod or printed came of registered agent and title if applicable. Signature, upod or printed came of registered agent and title if applicable. After May 1, Fee is \$550,00 Afte | NATIONAL GROCE | RIES DISTRIBUTOR I | NC | | | | | |
| Suite, Apt. #, etc. City & State MEDLEY, FL Zip Country Zip Country Zip Country Zip Country Starts Applied Fo Not Applied Fo Starts Address of Current Registered Appnt Name BLANCO JOSUE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Accep | DO | NOT WRIT | E IN THIS | SPA | CE | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE | | | 3. Mailing Address | | | | | |
| MEDLEY, FL Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| Zip | | | City & State | | | | Applied For | |
| 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 and title if applicable. Signature Ved or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | Zip | 1 - | Zip | Co | ountry | | \$8.75 Additional | |
| DO NOT WRITE IN THIS SPACE City FL Zip Code 33165 | 33166 | USA | <u>.</u> | | 7. Nar | ne and Address of Current Reg | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) Amended UBR Is \$51.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | • | | | | Name BLANCO JOS Street Add | SUE ress (P.O. Box Number is Not Ac | | |
| State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature: January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBRIs \$561.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S | | | ta Significant Sig | y y s y y yyaan | MEDLEY | | 33166 | |
| Signature Signature New or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | The above named state of Florida | ed entity submits this : . I am familiar with, and | statement for the pur d accept the obligation | rpose of cl ons of reai | nanging its regi stered agent. | stered office or registered agent, | or both, in the | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z | SIGNATURE | ſ . | BLAI | NCO, JOS | UE | | 3/3/2007 | |
| After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | | | | e if applicable | e. (NOTE: Regis | tered Agent signature required when reinstall | ating) DATE | |
| 10. | After Ame | May 1, Fee is \$550.00 ended UBR is \$61.25 |) | | | , | \$5.00 May Be Added to Fees | |
| TITLE | | | | 11. | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | TITLE NAME STREET ADDRESS | PDTS BLANCO, JOSUE 5529 NW 72ND AV | re | . :T1 :N/ :ST | AME REET ADDRES | - 1 03720707-80038 | 2 -003 150.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | NAME STREET ADDRESS CITY-ST-ZIP | 3 | | N/ ST | AME REET ADDRES TY-ST-ZIP | S | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | NAME STREET ADDRESS CITY-ST-ZIP | S | | N/ v ;S1 ⊪ _Cl | ME REET ADDRES TY-ST-ZIP | DO NOT | WRITE | |
| NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | NAME STREET ADDRESS | S | | N/ | AME REET ADDRES | | PACE | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | 3 | | N/ S1 | AME TREET ADDRES | s | | |
| | TITLE NAME STREET ADDRESS | S | , | T) N/ S1 | TLE AME REET ADDRES | s. | . • | |
| 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 on an attachment with an address, with all other like empowered. | 12. I hereby certify the certify that the infinate under | ormation indicated on this oath; that I am an officer | report or supplementa or director of the corpo | ot qualify for al report is the ration or the | or the exemption rue and accurate e receiver or trus | and that my signature shall have the tee empowered to execute this report | same legal effect as required by | |

BLANCO, JOSUE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <