

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 27, 2008 8:00 am  
Secretary of State**

05-27-2008 90034 046 \*\*\*150.00

<b>DOCUMENT #</b> MO6437
<b>1. Entity Name</b> NATIONAL GRCERIES DISTRIBUTORS INC

**DO NOT WRITE IN THIS SPACE**

**40104805**

<b>2. Principal Place of Business</b> 5529 NW 72ND AVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> MEDLEY, FL	<b>City &amp; State</b> SAME	<b>4. FEI Number</b> 59-2450879	<b>Applied For</b> Not Applicable
<b>Zip</b> 33166	<b>Country</b> USA	<b>Zip</b> USA	<b>Country</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name CAMPOS, MARIO ESQQ	
Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 AVE SUITE 632	
City MIAMI	Zip Code FL 33126

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**


<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PDS</b>
<b>NAME</b>	JOSUE BLANCO
<b>STREET ADDRESS</b>	5529 NW 72 AVE
<b>CITY-ST-ZIP</b>	MEDLEY FL 33166
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>	

11.	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

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.

**SIGNATURE:**  **PRESIDENT JOSUE BLANCO** **4/26/2008** **305-882-0212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #