


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90191 002 \*\*\*150.00

**DOCUMENT # P01000100375**

1. Entity Name  
**GROCERY TRADERS, INC.**



Principal Place of Business  
**1242 THRUSH AVE  
 MIAMI SPRINGS, FL 33166**

Mailing Address  
**1242 THRUSH AVE  
 MIAMI SPRINGS, FL 33166**

2. Principal Place of Business  
**5299 NE 2 Ave.**

3. Mailing Address  
**5299 NE 2 Ave**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33137** Country  
**USA**

Zip  
**33137** Country  
**USA**

02232005 Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE 65-1149003** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEPULVEDA, RAMON  
 1242 THRUSH AVE  
 MIAMI SPRINGS, FL 33166**

7. Name and Address of New Registered Agent

Name  
**SEPULVEDA, RAMON**

Street Address (P.O. Box Number is Not Acceptable)  
**5299 NE 2 Ave**

City  
**MIAMI FL** Zip Code  
**33137**

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 *Ramon Sepulveda* DATE 2/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P SEPULVEDA, RAMON 1242 THRUSH AVE MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEPULVEDA, RAMON 5299 NE 2 Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramon Sepulveda* Date 2/15/05 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR