

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 15, 2008  
Secretary of State**

DOCUMENT# P01000100375

Entity Name: GROCERY TRADERS, INC.

**Current Principal Place of Business:**

5299 NE 2 AVE  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

5299 NE 2 AVE  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-1149003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEPULVEDA, RAMON  
5299 NE 2 AVE  
MIAMI, FL 33137      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: RAMON SEPULVEDA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SEPULVEDA, RAMON  
Address: 5299 NE 2 AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V/P (X) Change ( ) Addition  
Name: SEPULVEDA, RAMON  
Address: 5299 NE 2 AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: P ( ) Change (X) Addition  
Name: SEPULVEDA, JUAN R  
Address: 5299 NW 2 AVE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN RAUL SEPULVEDA

P

01/15/2008

Electronic Signature of Signing Officer or Director

Date