## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # P04000074689** 05-03-2005 90142 018 \*\*\*150.00 1. Entity Name EL TAZUMAL, SUPERMARKET INC Principal Place of Business Mailing Address 610 NW 18 AVE 610 NW 18 AVE 50047033 MIAMI, FL 33125 **MIAMI, FL 33125** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04052005 Applied For City & State City & State 4. FEI Number 20-1100280 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA, BERTHA C Street Address (P.O. Box Number is Not Acceptable) 1943 SW 8TH ST MIAMI, FL 33135 City . 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. 04/04/05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE PANAMENO, JUAN J NAME NAME STREET ADDRESS 610 NW 18 AVE #2 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ШЕ

NAME

☐ Delete

SIGNATURE: 2	Tuan J Panameno.	04/04/05	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #