

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024815

FILED
Apr 18, 2008
Secretary of State

Entity Name: INGLES PARA O DIA-A-DIA,INC.

Current Principal Place of Business:

2601 NE 11TH AVENUE
POMPANO BEACH, FL 330646448 US

New Principal Place of Business:

Current Mailing Address:

2601 NE 11TH AVENUE
POMPANO BEACH, FL 330646448 US

New Mailing Address:

FEI Number: 04-3807115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PINHEIRO, EDSON D
2601 NE 11TH AVENUE
POMPANO BEACH, FL 330646448 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: EDSON DE OLIVEIRA PI, NHEIRO
Address: 2601 NE 11TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: PRES () Delete
Name: PINHEIRO, EDSON D OLIVEIR
Address: 2601 NE 11TH AVE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: PRES () Delete
Name: PINHEIRO, EDSON D OLIVEIR
Address: 2601 NE 11TH AVE
City-St-Zip: POMPANO BEACH, FL 33061 US

Title: PRES () Delete
Name: PINHEIRO, EDSON D OLIVEIR
Address: 2601 NE 11TH AVE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: PRES () Delete
Name: PINHEIRO, EDSON D OLIVEIR
Address: 2601 NE 11TH AVE
City-St-Zip: POMPANO BEACH FL, FL 33064 US

Title: PRES () Delete
Name: PINHEIRO, EDSON D OLIVEIR
Address: 2601 NE 11TH AVE
City-St-Zip: POMPANO BEACH, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDSON DE OLIVEIRA PINHEIRO

PRES

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date