


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 05, 2008 08:00 AM  
Secretary of State**

DOCUMENT # P05000044667 1. Entity Name SOSO GROCERY INC.	
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Principal Place of Business 15200 OLD HIGHWAY 441 SPACE 1&2 TAVARES, FL 32778	Mailing Address 15200 OLD HIGHWAY 441 SPACE 1&2 TAVARES, FL 32778
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04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0241903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPONTE, LUIS O  
3685 CACTUS LANE  
MOUNT DORA, FL 32757

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000948721  
06/02/08-80065-027 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APONTE, LUIS O 3685 CACTUS LANE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP APONTE, CARMEN 3685 CACTUS LANE MOUNT DORA, FL 32757
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**DO NOT WRITE  
IN THIS SPACE**

000000948721  
06/02/08-80065-028 8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Luis O Sponte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#-28-08 (352) 343-5051  
Date Daytime Phone #