


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State


DOCUMENT # P05000060956

1. Entity Name
JOSE'S MARKET, INC.



Principal Place of Business 5151 STATE ROAD 674 WIMAUMA, FL 33598	Mailing Address 5151 STATE ROAD 674 WIMAUMA, FL 33598
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DO NOT WRITE IN THIS SPACE



04072007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0574100	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

ROCHA, JOSE
 5151 STATE ROAD 674
 WIMAUMA, FL 33598

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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: *Jose C Rocha* *Jose C Rocha* *4/25/07*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROCHA, JOSE
STREET ADDRESS	PO BOX 2123
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	DVP
NAME	ROCHA, GRISELDA
STREET ADDRESS	PO BOX 2123
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	DS
NAME	GONZALEZ, MARIA
STREET ADDRESS	PO BOX 2123
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D
NAME	ROCHA, REYNA
STREET ADDRESS	PO BOX 2123
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D
NAME	ROCHA, RAUL
STREET ADDRESS	PO BOX 2123
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D
NAME	WILSON, ESTELLA
STREET ADDRESS	PO BOX 2123
CITY-ST-ZIP	RUSKIN, FL 33570

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 05/18/07-80031-005 150.00

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: *Griselda Rocha* *4/25/07* *(813) 633-2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #