

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 22, 2008 8:00 am  
Secretary of State**

05-22-2008 90016 034 \*\*\*150.00

<b>DOCUMENT #</b> PO5000145405	✓
1. Entity Name SOUTH FLORIDA GROCERY DISTRIBUTORS INC	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5529 NW 72ND AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MEDLEY, FL		City & State SAME	
Zip 33166	Country USA	Zip USA	Country

**60043267**

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3723852		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name LAW OFFICES HERNAN HERNANDEZ, PA	
Street Address (P.O. Box Number is Not Acceptable) 1431 PONCE DE LEON BKVD	
City CORAL GABLES	Zip Code FL 33134

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) DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSUE BLANCO P.O. BOX 162025 MIAMI FL 33116
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ PRESIDENT JOSUE BLANCO 4/26/2008 305-882-0212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #