## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P07000107147 03-05-2008 90029 021 \*\*\*150.00 THE ISLAND GROCERY INC. Mailing Address Principal Place of Business 1150 N.W. 72ND AVENUE 1150 N.W. 72ND AVENUE SUITE 555 MIAMI, FL 33126 SUITE 555 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 45-0575408 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, YAHAIRA Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72ND AVENUE **SUITE 555** MIAMI, FL 33126 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete TITLE Change \_\_\_ Addition TITLE PEREZ, YAHAIRA NAME NAME STREET ADDRESS 1150 N.W. 72ND AVENUE, SUITE 555 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33126 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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.

ME OF SIGNING OFFICER OR

**FILED** 

Mar 05, 2008 8:00 am

Davistie Phone #