2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P08000071428

Entity Name: DIAZ SUPERMARKET OPA LOCKA, INC.

Current Principal Place of Business:

C/O RICHARD ALAYON, ALAYON & ASSOCS., P.A.
4551 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146

New Principal Place of Business:

151 OPA LOCKA BLVD.
OPA LOCKA, FL 33054

Current Mailing Address:

C/O RICHARD ALAYON, ALAYON & ASSOCS., P.A.
4551 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146

New Mailing Address:

151 OPA LOCKA BLVD.
OPA LOCKA, FL 33054

FEI Number: 26-3073598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A&A REGISTERED AGENT, INC.
4551 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

DIAZ, JOHN
151 OPA LOCKA BLVD
OPA LOCKA, FL 33054 US

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: JOHN DIAZ 03/04/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete
Name: DIAZ, JOHN
Address: 4551 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: VP,D ( ) Delete
Name: DIAZ, JIMMY
Address: 4551 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: DIAZ, JOHN
Address: 4551 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: DIAZ, JOHN
Address: 151 OPA LOCKA BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: VP (X) Change ( ) Addition
Name: DIAZ, JIMMY
Address: 151 OPA LOCKA BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: P/S (X) Change ( ) Addition
Name: DIAZ, JOHN
Address: 151 OPA LOCKA BLVD.
City-St-Zip: OPA LOCKA, FL 33054

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: JOHN DIAZ P/S 03/04/2009
Electronic Signature of Signing Officer or Director Date