2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 08:00 AM Secretary of State DOCUMENT # P04000027563 LA FAMILIA GROCERY, INC. Principal Place of Business Mailing Address 835 SOUTHERN BLVD. 835 SOUTHERN BLVD. WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0806412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANSO, EUGENIO J DO NOT WRITE 2305 GABRIEL LANE WEST PALM BEACH, FL 33406 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MANSO, EUGENIO J NAME U00000756961 05/23/07-80053-006 150.00 STREET ADDRESS 2305 GABRIEL LANE CITY-ST-ZIP WEST PALM BEACH, FL 33406 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY

Daytime Phone #

FILED