2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 155738** 04-24-2006 90423 049 ***150.00 FLAMINGO GROCERY, INC. Mailing Address Principal Place of Business 40060226 4 CHIPPEWA LANE 4 CHIPPEWA LANE SEA RANCH LAKES, FL 33308 SEA RANCH LAKES, FL 33308 04022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN HIS SPACE Applied For ▲ File! Number 59-0585685 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE D'AMICO, FRED : 4 CHIPPEWA LANE - 1875 SEA RANCH LAKES, FL 33308 IN THE SPACE THE 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, typoder printed name of registered agent and tide if applicable. (NOTE: Registered Agant signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE D'AMICO, FERNANDO MARK 4 CHIPPEWA LANE STREET ADDRESS CITY-ST-ZIP SEA RANCH LAKES, FL 33308 TITLE NAME STREET ADDRESS CTTY-ST-70° TITLE and the first presentation of the contract of NAME STREET ADDRESS DO NOTWRITE CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCIDESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: >

FILED