

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 155738

1. Entity Name  
FLAMINGO GROCERY, INC.



Principal Place of Business  
4 CHIPPEWA LANE  
SEA RANCH LAKES, FL 33308

Mailing Address  
4 CHIPPEWA LANE  
SEA RANCH LAKES, FL 33308

08 AUG -4 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
1905 N. OCEAN BLVD

3. Mailing Address  
1905 N OCEAN BLVD

Suite, Apt. #, etc.  
#15-C

Suite, Apt. #, etc.  
#15-C

07292008

Chg-P

CR2E034 (12/06)

City & State  
LAUDERDALE, FL

City & State  
LAUDERDALE FL

4. FEI Number  
59-0585685

Applied For  
Not Applicable

Zip  
33308

Country  
USA

Zip  
33308

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'AMICO, FRED  
4 CHIPPEWA LANE  
SEA RANCH LAKES, FL 33308

Name  
CARLA PASTURA  
Street Address (P.O. Box Number is Not Acceptable)  
1905 N OCEAN BLVD  
#15-C  
City  
LAUDERDALE FL Zip Code  
33308

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 CARLA PASTURA 7/30/08  
(NOTE: Registered Agent signature required when resigning) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
D'AMICO, FERNANDO  
STREET ADDRESS  
4 CHIPPEWA LANE  
CITY-ST-ZIP  
SEA RANCH LAKES, FL 33308 ☒ Delete

TITLE  
NAME PD  
CARLA PASTURA  
STREET ADDRESS  
1905 N. OCEAN BLVD, #15-C  
CITY-ST-ZIP  
LAUDERDALE FL 33308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: CARLA PASTURA 7/30/08 954-564-1280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone