


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 461621</b> 1. Entity Name CATALINA FINER FOOD CORPORATION	
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Principal Place of Business 4710 W. CAYUGA ST. TAMPA, FL 33614 US	Mailing Address P.O. BOX 15815 TAMPA, FL 33684 US
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1630919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CEPERO, FRANCISCO  
2705 W. WOODLAWN ST.  
TAMPA, FL 33607

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000914794  
05/08/08-80071-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPERO, ALEJANDRO A 2705 W. WOODLAWN TAMPA, FL, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CEPERO, FRANCISCO 2705 W. WOODLAWN TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEPERO, JUSTO 2705 W. WOODLAWN TAMPA, FL, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Francisco CEPERO FRANCISCO CEPERO 4/21/08 813-876-3910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #