


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # 595107**  
1. Entity Name  
**DIXIE DISCOUNT MEAT MARKET, INC.**



Principal Place of Business  
**24727 SOUTH DIXIE HWY  
PRINCETON, FL 33032**

Mailing Address  
**24727 SOUTH DIXIE HWY  
PRINCETON, FL 33032**

**DO NOT WRITE IN THIS SPACE**



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1883571</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LOPEZ, MIRIAM  
1560 E 8 COURT  
HIALEAH, FL 33010**

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AGUIAR, MARGARITO 25520 S.W. 124 PL MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPEZ, MIRIAM 15404 SW 172 TER MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD AGUIAR, ISABEL 1921 S.W. 107 AVE, #510 MIAMI, FL 33174
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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01/28/08-80050-002 150.00

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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** *Miriam Lopez* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date *1/19/08* Daytime Phone # \_\_\_\_\_