


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G55663</b>	
1. Entity Name <b>MID-ATLANTIC PURVEYORS, INC.</b>	

Principal Place of Business <b>7901 NW 67TH ST. MIAMI FL 33166</b>	Mailing Address <b>7901 NW 67TH ST. MIAMI FL 33166</b>
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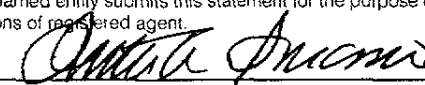
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>SERRANO, IVETTE A 14745 SW 147 CT MIAMI FL 33196</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 **4/22/06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$650.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>SERRANO, RICHARDO</b>
STREET ADDRESS	<b>16300 GULFCLUB RD</b>
CITY-ST-ZIP	<b>WESTON FL 33326</b>
TITLE	V <input type="checkbox"/> Delete
NAME	<b>SERRANO, ALBERTO</b>
STREET ADDRESS	<b>7901 NW. 67TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	ST <input type="checkbox"/> Delete
NAME	<b>SERRANO, IVETTE</b>
STREET ADDRESS	<b>14745 SW 147 CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	M <input type="checkbox"/> Delete
NAME	<b>SERRANO, ELSA H</b>
STREET ADDRESS	<b>14912 SW 139 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Section 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:  DATE **4/22/06** 305 594 049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR