## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 14, 2007 08:00 AM DOCUMENT # K40552 **Secretary of State** 1. Entity Name IRIS VARIETY STORE, INC. Principal Place of Business Mailing Address 1550 LAKE TRAFFORD RD 1550 LAKE TRAFFORD RD IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 No Chg-P CR2E034 (11/05) 02102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0078961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE HERNANDEZ, ADAN 125 BROWN WAY IMMOKALEE, FL 33934 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HERNANDEZ, ADAN NAME STREET ADDRESS 125 BROWN WAY CITY-ST-ZIP IMMOKALEE, FL 34142 U00000634728 02/22/07-80024-004 150.00 TITLE HERNANDEZ, ROSA NAME STREET ADDRESS 303 WELL ST CITY-ST-ZIP IMMOKALEE, FL 34142 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE 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 30 address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #