

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 8:00 am
Secretary of State

07-28-2004 90022 033 ***150.00

DOCUMENT # P00000006262

1. Entity Name

EL PALMAR SUPERMARKET, INC.



Principal Place of Business

11300 NW 87 COURT
MIAMI, FL 33016

Mailing Address

11300 NW 87 COURT
MIAMI, FL 33016

11000010



DO NOT WRITE IN THIS SPACE

07202004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0976384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROSARIO, JULIO A
11300 NW 87 COURT
MIAMI, FL 33016

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSARIO, JULIO A
STREET ADDRESS 11300 NW 87 COURT
CITY-ST-ZIP MIAMI, FL 33016

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #