

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P01000006792



1. Entity Name
LA LOMA MARKET, INC.

Principal Place of Business
**3224 N ARMENIA AVENUE
TAMPA, FL 33607**

Mailing Address
**3224 N ARMENIA AVENUE
TAMPA, FL 33607**



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3698390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALVAREZ, JOSE M
3224 N ARMENIA AVENUE
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 _____

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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000627361
02/15/07-80059-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ALVAREZ, JOSE M
STREET ADDRESS	3224 N ARMENIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	P
NAME	ALVAREZ, HORTENSIA R
STREET ADDRESS	3224 N ARMENIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	T
NAME	ALVAREZ, JOSE A
STREET ADDRESS	3224 N ARMENIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07
Date

813-877-1855
Daytime Phone #