

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P010000045929				FILED 03 MAR 11 PM 2:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CORONEL SUPERMARKET OF MIAMI, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 5175 SW 8th STREET		3. Mailing Address 5175 SW 8th STREET		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33134	Country	Zip 33134	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name MANUEL R. RODRIGUEZ					
Street Address (P.O. Box Number is Not Acceptable) 5175 SW 8th STREET					
City MIAMI FL Zip Code 33134					
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					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(P/S/D) MANUEL R. RODRIGUEZ 5175 SW 8th STREET MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300014451853 03/24/03--01003--026 **300.00				
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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 on an attachment with an address, with all other persons empowered.					
SIGNATURE:  MANUEL R. RODRIGUEZ					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2004B (12-02)

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002 UNIFORM BUSINESS REPORT. THE ADDRESS YOU HAVE LISTED AS PRINCIPAL/MAILING IS WRONG, PLEASE MAKE PROPER CHANGES. TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



MANUEL R. RODRIGUEZ
PRESIDENT