2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2007 8:00 am Secretary of State DOCUMENT # P01000067585 1. Entity Name 02-27-2007 90006 014 ***150.00 LOS NICAS MINIMARKET INC. Principal Place of Business Mailing Address 1045 NE 107 ST MIAMI SHORES FL 33161 4800 W FLAGLER ST. **MIAMI FL 33134** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7347NW 5681 Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 65-1120814 Not Applicable Country 1). SA Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, MANUEL S Stroot Address (P.O. Box Number is Not Acceptable) 1045 NE 107 ST MIAMI SHORES FL 33161 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delele BHE ☐ Change ☐ Addition LOPEZ, CLARISSA L NAME NAME 1045 NE 107TH STREET STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33161 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ШП Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CIN-CI-7IP -☐ Delete Change THE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete me □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THE □ Delete HITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this tiling 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 whith all other like empowered. of the corporation or the receiver or trustee empoy if changed, or on an attachment with an addless SIGNATURE: Daytime Phone

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