


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90006 014 ***150.00

DOCUMENT # P01000067585 1. Entity Name LOS NICAS MINIMARKET INC.					
Principal Place of Business 4800 W FLAGLER ST. #105 MIAMI FL 33134			Mailing Address 1045 NE 107 ST MIAMI SHORES FL 33161		
2. Principal Place of Business - No P.O. Box # 7347 NW 56 ST		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-1120814	
Zip 33161		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, MANUEL S 1045 NE 107 ST MIAMI SHORES FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, CLARISSA L <input type="checkbox"/> Delete 1045 NE 107TH STREET MIAMI SHORES FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/06)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #