2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

ANTIOAL ILLI OILI			Secretary of State			
DOCUMENT # P0100006234			200	I Court	or state	
1. Entity Name						
LATIN QUARTER SUPERMARKET, INC	•					
Principal Place of Business M	failing Address					
	140 SW 16 AVE					
MIAMI, FL 33135	MIAMI, FL 33135					
		04000004	No Chg-P	OD0E09474	o(op)	
DO NOT WRITE II	CE.	04302004	No Gig-F	CR2E034 (1	`	
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-1135			Applied For
					_ \$2.7	Not Applicable 5 Additional
			5. Certificate of	of Status Desired		lequired
6. Name and Address of Current Regis	stered Agent				·	
VIDAL, YOKER L			DA	NOT W	DITE	
2227 W 64 ST, APT #201 HIALEAH, FL 33016		DO NOT WRITE				
			IN THIS SPACE			

8. The above named entity submits this statement for the	number of changing its register	nd office or recists	red agent or both	in the State of Flo	rida Lam (amilia	with and accept
the above named entity submits this statement for the the obligations of registered agent.	bochose or cuatified its redister	en hilice or redize	red agent, or both	i, iii iiie State Oi Fio	nug. I gitt gittigit	ar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	e il applicable (NOTE Registere	ed Agent signature require	d when reinstating)	,	DATE	
	9. Election Campaign Fina	neipe S S	OO van Bo			
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.						
10. OFFICERS AND DIRE	TOTARS I	T				
TITLE D			***************************************			
NAME VIDAL, YOKER L	4					
SIREET ADDRESS 2227 W 64 ST, APT #201						
CITY-ST-ZIP HIALEAH, FL 33016				Haaaa	0150000	
NAME				00000 05/03/04	J13UZUB -80218-00	13 15D DO
STREET ADDRESS				00, 00, 0,		
CITY-S1-ZIP		.				~
TITLE NAME						
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CHY-SI-ZIP				NOT W		
THE			IN 7	THIS SF	ACE	
NAME SIREET ADDRESS		1				
GIY-SI-ZIP						
TITLE		1				
NAME						
STREET ADDRESS						
CITY-ST-ZIP		4			-1	
TITLE NAME						

12. I hereby certify that the information sopplied 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 of 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:

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #