2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2006 8:00 am Secretary of State DOCUMENT # P01000085953 05-04-2006 90209 024 ***150.00 1. Entity Name MINIMARKET NICARAGUENSE CORP. Principal Place of Business Mailing Address 1302 W FLAGLER ST **1278 SW 2 STREET** MINIMARKET NICARAGUENSE MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address 202 SW 14 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 Chg-P CR2E034 (11/05) 4. FEI Number City & State Applied For ale MIAMI FL 3135 Country DADE 65-1133726 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARKERO SAYDA MARRERO, SAYDA Street Address (P.O. Box Number is Not Acceptable) 1278 SW 2 STREET # 3 MIAMI, FL 33135 202 SW 14th AVENUE 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. 4-28-06 SIGNATURE. name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE S \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** TITLE Delete TITLE MARRERO, SAYDA 1ARIA CARCACHE NAME NAME STREET ADDRESS 1302 W FLAGER ST STREET ADDRESS 202 SW 14 AVENUE MIAMI, FL 33135 CITY-ST-ZIP CITY-ST-ZIP MIMMI FL 33135 TITLE ☐ Delete TITLE Change ☐ Addition MARRERO SAYDA 202 SW 14 AVENUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED