

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000091389 1. Entity Name JORA SUPERMARKET INC.		
Principal Place of Business 405 NW 12 AVE MIAMI, FL 33129	Mailing Address 405 NW 12 AVE MIAMI, FL 33128	
DO NOT WRITE IN THIS SPACE		
2. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
3. Name and Address of Current Registered Agent SANTIESTEBAN, JORGE 3110 NW 3 STREET MIAMI, FL 33125		
DO NOT WRITE IN THIS SPACE		
4. 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 reappointing) Signature, Name of service name or registered agent and title if applicable		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		
5. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANTIESTEBAN, JORGE 3110 NW 3 ST MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUEVEDO ELAN, RAFAEL G 3110 NW 3 ST MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other fee empowereed.		
SIGNATURE: <u>Rafael Elan Quevedo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		



04100004 No City-F CFZE034 (10/03)

4. Fil Number 65-1138397 [Applied For] [Not Applicable]

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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05/03/04-80217-003 158.75

DO NOT WRITE IN THIS SPACE

05-01-04