

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000100375

1. Entity Name
GROCERY TRADERS, INC.



FILED

08 MAY 15 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5299 NE 2 AVE
MIAMI, FL 33137

Mailing Address
5299 NE 2 AVE
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #
15006 NE 6 Ave

3. Mailing Address
15006 NE 6 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05132008

Chg-P

CR2E034 (12/06)

City & State
N. MIAMI - FLORIDA

City & State
N. MIAMI - FLORIDA

4. FEI Number
65-1149003

Applied For
Not Applicable

Zip
33161

Country
MIAMI-DADE

Zip
33161

Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEPULVEDA, RAMON
5299 NE 2 AVE
MIAMI, FL 33137

Name
SEPULVEDA, RAMON

Street Address (P.O. Box Number is Not Acceptable)

15006 NE 6 Ave

City
MIAMI

FL

Zip Code
33137

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]

5/13/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VIP
SEPULVEDA, RAMON
5299 NE 2 AVE
MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SEPULVEDA, JUAN R
5299 NW 2 AVE
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VIP
SEPULVEDA, RAMON
15006 NE 6 Ave
N. MIAMI. FL. 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SEPULVEDA, JUAN R
15006 NE 6 Ave
N. MIAMI. FL. 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600130169716
05/23/08--01009--022 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

[Signature]

5/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #