1072

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102579

1. Entity Name

Canonazo Supermarket + Cafeteria, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2741 W. Columbus Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33607 Country	Zip Country

4. FEI Number: 65-1148669 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Rodriquez, Antonio

Street Address (P.O. Box Number is Not Acceptable): 2741 W Colombus Dr.

City: Tampa FL Zip Code: 33607

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: Antonio Rodriguez

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Rodriquez, Antonio
STREET ADDRESS	2741 W. Colombus Dr.
CITY-ST-ZIP	Tampa, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Antonio Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **CANONAZO SUPERMARKET & CAFETERIA, INC.**

Thank you for your courtesy in this matter.

Antonio Rodriguez

ANTONIO RODRIGUEZ
PRESIDENT