## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000122409**

PLAZA TROPICAL SUPERMARKET, INC.



## **FILED** Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90112 005 \*\*\*150.00

						A CONTRACTOR	3.23					
Principal Place of Business M				Mailing Address								
643 LANCASTER RD				166 ACAPULCO DR								
ORLANDO, FI	L 32809	US	KISSIMME	E, FL 34743	US							
				L EBITA MBIL GENI JERA B								
2. Principal Place of Business 3.				3. Mailing Address								
									#18   LOIS  FOID	CIDII BIBIF BOILD IN	11801    1881	
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				03152006	Chg-P	CR2E	034 (11/05)	
City & State			City & Sta	City & State				4. FEI Numb			<u> </u>	plied For ot Applicable
Zip Country			Zip	Zip Country				i	of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Regis				stered Agent				7. Name and	Address of New	Registered	<u>.</u>	•
The same and read over						Name						
ABRAHAN			-			Street Address (P.O. Box Number is Not Acceptable)						
166 ACAP KISSIMME		Street Address			F.O. BOX NUME	er is not Acceptat	ole)					
TOSHVINIE, I E 04740												
					Ī	City FL				Zip Cod	e	
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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
FIL After Ma	E NOW!!! av 1, 200	FEE IS \$150.00 6 Fee will be \$550	cing		.00 May Be ed to Fees							
10.	Р	OFFICERS ANI		☐ Delete	11. TITLE	1		ADDITIONS	/CHANGES TO OF	FICERS AN		
NAME	ABRAHAN	M, DAYSI		L Delete	NAME						☐ Change	Addition
STREET ADDRESS	166 ACAF	PULCO DR		STREE								
CITY-ST-ZIP	KISSIMMI	EE, FL 34743			CITY-S	ST-ZIP						
TITLE	VP			☐ Delete	TITLE						☐ Change	Addition
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CITY-ST-ZIP	1	EE, FL 34743		CITY								
TITLE	ST			Delete	TITLE	** =::					☐ Change	☐ Addition
NAME	ROSA LA	DE, LUIS	`	- Delete	NAME						C Onlings	
STREET ADDRESS	111 TOLL	ICA AVE			STREET	T ADDRESS						
CITY-ST-ZIP	KISSIMMI	EE, FL 34743			CITY-S	ST-ZIP						
TITLE				Delete	TITLE						Change	☐ Addition
NAME					NAME							
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TITLE				☐ Delete	TITLE	31-Zii					C) Chases	☐ Addision
NAME				□ Delete	NAME						☐ Change	Addition
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NAME	1				NAME						_ •	
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						ST-ZIP						
19 I hereby	cartify that the	a information supplied wi	th this filing door	not avalify for the	ha avar	mations on	ntainad	Lin Chapter 11:	O. Elevido Statutos	1.6	and the state of the second	-farmation

Increase certain 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 truetee 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:** 

po IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR