2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 26, 2006 08:00 AM Secretary of State DOCUMENT # P02000029875 1. Entity Name LOS PRIMOS SUPERMARKET INC. Principal Place of Business Mailing Address 1150 N.W. 72ND AVENUE 1150 N.W. 72ND AVENUE MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2ED34 (10/05) 4. FEI Number Applied For City & State City & State 01-0636084 Not Applicat: Country Country Zìo \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTANA, TANIA R Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72ND AVENUE **#555 MIAMI FL 33126** City Zin Cade 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 titls of applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DFFICERS AND DIRECTORS** 10. 11 ☐ Change Addition TITLE PSTD Delete THE 1000000536181 NAME NAME R AINAT, ANATHAS STREET ADDRESS 05/08/06-80082-025 150.00 STREET ADDRESS 1150 N.W. 72ND AVENUE CITY+ST-ZIP CITY-SI-ZIP MIAMI FL 33126 Addition Delete ☐ Change TITLE VARGAS, NIMCIO NAME MAME STREET ADDRESS 1150 NW 72ND AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33126 ☐ Change Addition Delete ELTE E TITLE NAME MANE STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-782 Addition 🔲 ☐ Delete ☐ Change THILE RUE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete 317) F THE MAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

City ST-ZIP

Vinuo Varad

4-18-06 305 994-1335