2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-06-2004 90001 022 ***550.00

66432746

07142004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000085520

1. Entity Name
EL PAISANO LATIN MARKET INC.

Principal Place of Business	Mailing Address
~~3696 TAMIAMI TRAIL~~ PORT CHARLOTTE, FL 33952	~~3696 TAMIAMI TRAIL~~ PORT CHARLOTTE, FL 33952
2. Principal Place of Business: 3596 TAMIAMI TR	3. Mailing Address: 3596 TAMIAMI TR
Suite, Apt. #, etc.: 0	Suite, Apt. #, etc.
City & State: PORT Charlotte FL	City & State
Zip: 33952. Country: USA	Zip / Country

4. FEI Number: 22-3860694. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALLE, GLADYS
3766 SLAYTON AVE.
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLE, GLADYS 3766 SLAYTON AVE. NORTH PORT, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 like empowered.

SIGNATURE: Gladys Valle 7/30/04

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

Attachment July. 30/04

66432746

#P02000085520

To whom it may Concern:

We are late, because We didn't receive this at the correct address. The correct address is 3596 - Tamiami Trail port Charlotte Florida 33952.

Sincerely,

Gladys Valle Owner.