2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State **DOCUMENT # P02000097223** 02-26-2004 90028 025 ***150.00 1. Entity Name GOURMET MARKET LATINO, INC. Mailing Address 94020653 Principal Place of Business 3440 HOLLYWOOD BLVD. 3440-HOLLYWOOD BLVD. STE 360 -STE 360 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 1885 UE 2940 QK 3. Mailing Address 18851 NE 29th are Suite, Apt. #, etc. 02232004 CR2E034 (10/03) Chg-P City & State PVEW TURA PL City & State Applied For 4. FEI Number FIVEN TURA, PL 27-0030161 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fae.Required∑ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD: NE 29 HA Cire Cure 900 HOLLXWOOD. WENTURA ove named entity sub this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept CONARDO A. POTH, ES Q SIGNATURE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Delete TITLE TITLE HORIGIAN, FERNANDO NAME NAME 18851 NE 29th ak thite 900 BY WTURA PI 33180 STREET ADDRESS STREET ADDRESS 3440 HOLLYWOOD BLVD STE 380 HOLLYWOOD, FL 93021 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE VTD Delete TITLE 18851 NE 29 th ar suite 900 KOJASANER, GASTON NAME 3440 HOLLYWOOD BLVD STE 360-STREET ADDRESS STREET ADDRESS EVANTURA, PI 33180 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZiP - Ghange - GAddition 'ITLE ~ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete THILE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 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 redeiver 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 attachny to with an address, with all other like empowered. changed, or on an attachm 486-279-0000 ternando kori Gian, PSD SIGNATURE:

FILED Feb 26, 2004 8:00 am