

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000101005

1. Entity Name
EL BODEGON GROCERY #2, INC.



Principal Place of Business
**6128 S CONGRESS AVE.
LAKE WORTH, FL 33462**

Mailing Address
**C/O MARIO G. DE MENDOZA, III
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2072223

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000852611
03/26/08-80034-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORTIZ, CARLOS M
STREET ADDRESS	14930 HORSESHOE TRACE.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	DV
NAME	RINCON, GLORIA P
STREET ADDRESS	135 WESTWOOD CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	S
NAME	RINCON, CARLOS M
STREET ADDRESS	6128 S CONGRESS AVE.
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	DT
NAME	RINCON, GILIERMO A
STREET ADDRESS	12260 OLD COUNTRY RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify 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 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:

Signature of Carlos M. Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carlos M. Ortiz, President

Date

Daytime Phone #

3-5-08 (561)9672121