


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 039 ***150.00

DOCUMENT # <u>P02000118078</u>	
1. Entity Name <u>Los Titos Grocery + Deli, Corp</u>	

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11041113

2. Principal Place of Business <u>6314 Americas Cup</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc. <u>Ave</u>		Suite, Apt. #, etc.	
City & State <u>Tampa FL</u>		City & State	
Zip <u>33625</u>	Country	Zip	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>56-2304468</u>		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
		Name <u>Sagrario Paralta</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>6314 Americas Cup Ave</u>	
		City <u>Tampa</u>	
		FL	Zip Code <u>33625</u>

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 Sagrario Paralta **DATE** 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PO</u> <u>Sagrario Paralta</u> <u>6314 Americas Cup Ave</u> <u>Tampa FL 33625</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sagrario Paralta **DATE** 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)