

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P02000122553

1. Entity Name
LA COPA NUEVA SUPERMARKET, INC.



Principal Place of Business
3940 EAST 4TH AVENUE
HIALEAH, FL 33013

Mailing Address
3940 EAST 4TH AVENUE
HIALEAH, FL 33013



02092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
36-4513754

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, MARIA R
1928 SW 101 AVENUE
DAVIE, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

100000475925
04/06/06-80030-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME RODRIGUEZ, CARLOS M SR.
STREET ADDRESS 5000 SW 163 AVENUE
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33331

TITLE VP
NAME RODRIGUEZ, CARLOS M JR.
STREET ADDRESS 5000 SW 163 AVENUE
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33331

TITLE S
NAME LEWIS, MARIA R
STREET ADDRESS 1928 SW 101 AVENUE
CITY-ST-ZIP DAVIE, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/06 (305) 822 9661
Date Daytime Phone #

Carlos M. Rodriguez, Jr.