

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90065 039 \*\*\*150.00

**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

400100



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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: *Carlos M. Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/07

Date

(305) 822 9661

Daytime Phone #

CARLOS M. RODRIGUEZ, Sr.