

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
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



03212008 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 <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

U00000934177
05/23/08-80021-021 150.00

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	

**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 Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (305) 822 9661
Date Daytime Phone #

Carlos Rodriguez