

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000006998

1. Entity Name  
LATIN GROCERY PB, INC.



Principal Place of Business

4970 STACK BLVD  
UNIT D1 & 2  
MELBOURNE, FL 32901

Mailing Address

4970 STACK BLVD  
UNIT D1 & 2  
MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

**FILED**  
Apr 22, 2005 08:00 AM  
Secretary of State



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3079089	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LATTIBEAUDIERE, ANDREA  
4910 STACK BLVD  
D2  
MELBOURNE, FL 32901

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LATTIBEAUDIERE, ANDREA
STREET ADDRESS	4970 STACK BLVD, #D 1&2
CITY-ST-ZIP	MELBOURNE, FL 32901

000000322758  
04/22/05-80026-021 150.00

TITLE	
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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other, like empowered.

**SIGNATURE:** *Matthew and Andrea Lattibaudiere 4/20/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #