2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jun 04, 2007 08:00 AM **DOCUMENT # P03000006998** Secretary of State 1. Entity Name LATIN GROCERY PB, INC. Principal Place of Business Mailing Address 4910 STACK BLVD 4910 STACK BLVD **UNIT D1 & 2 UNIT D1 & 2** MELBOURNE, FL 32901 MELBOURNE, FL 32901 05272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3079089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LATTIBEAUDIERE, ANDREA DO NOT WRITE 4910 STACK BLVD D2 IN THIS SPACE MELBOURNE, FL 32901 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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE 18 \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LATTIBEAUDIERE, ANDREA STREET ADDRESS 4910 STACK BLVD, #D 1&2 CITY-ST-ZIP MELBOURNE, FL 32901 U00000765734 TITLE 06/04/07-80002-019 15n.nd NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP