

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90146 004 \*\*\*150.00

<b>DOCUMENT # P03000022668</b> 1. Entity Name <b>QUISQUEYA FOOD MARKET INC.</b>			
Principal Place of Business <b>400 S DIXIE HWY LAKE WORTH, FL 33460</b>		Mailing Address <del>400 S DIXIE HWY</del> <del>LAKE WORTH, FL 33460</del>	
<div style="text-align: center; font-family: cursive;">             1150 NW 72ND AVE              SUITE 555              MIAMI, FL 33126           </div>		<div style="text-align: center;">  </div>	
4. FEI Number <b>72-1553188</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, HECTOR 1150 N.W. 72ND AVENUE SUITE 555 MIAMI, FL 33126</b>			
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DPTS		
NAME	RODRIGUEZ, HECTOR		
STREET ADDRESS	1150 N.W. 72ND AVENUE SUITE 555		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b>  <b>Hector Rodriguez</b> 4/10/06 29941577			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	