


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90224 006 ***150.00

DOCUMENT # P03000038545		
1. Entity Name YOLI'S SUPERMARKET, INC.		
Principal Place of Business 2910 WEST 7TH STREET HIALEAH, FL 33012	Mailing Address 2910 WEST 7TH STREET HIALEAH, FL 33012	
<p><i>1150 NW 72 RD #555 MIAMI FL 33126</i></p>		
6. Name and Address of Current Registered Agent CRUZ, YOLANDA 8110 WEST 8TH COURT HIALEAH, FL 33014		<p>4. FEI Number 74-3090612</p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p>
<p>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.</p> <p>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)</p> <p>DATE _____</p>		
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>PD CRUZ, YOLANDA 8110 WEST 8TH COURT HIALEAH, FL 33014</p>	
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<p>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.</p>		
<p>SIGNATURE: <i>Yolanda Cruz</i> Yolanda Cruz <i>305-994-7537</i></p> <p>_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p>_____ Date</p> <p>_____ Daytime Phone #</p>		

60033471



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3090612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, YOLANDA
8110 WEST 8TH COURT
HIALEAH, FL 33014**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #