


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90034 021 \*\*\*150.00

<b>DOCUMENT # P03000094620</b>	
1. Entity Name LA FINQUITA SUPERMARKET, INC.	

Principal Place of Business 1806 S.W. 22ND AVENUE MIAMI, FL 33145	Mailing Address 1806 S.W. 22ND AVENUE MIAMI, FL 33145
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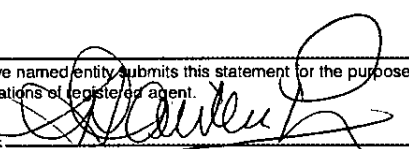
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2300 Coral Way Suite # 200
City & State	City & State Miami, Florida
Zip 33145	Country US

04012004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0526637	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  PAZOS, HORTENSIA 3500 NW 14TH STREET MIAMI, FL 33125	7. Name and Address of New Registered Agent Name FLORIDA ANNUAL REPORT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable)  2300 Coral Way, Suite # 200 City Miami FL Zip Code 33145
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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 	AMADA CANTERA LOPEZ, President DATE 4/14/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS PAZOS, HORTENSIA 3500 NW 14TH STREET MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUERRERO, IVONNE 844 SW 3rd Street Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: 	DATE 4/14/04	DAYTIME PHONE # (305) 285-0026
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IVONNE GUERRERO, President