

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90208 014 ***150.00

DOCUMENT # P03000108430

1. Entity Name
TROPICAL SUPERMARKET NO. 6, INC.



Principal Place of Business
**18351 NW 27 AVE
OPA LOCKA, FL 33056**

Mailing Address
**18351 NW 27 AVE
OPA LOCKA, FL 33056**

24071388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2828 Coral Way Suite 300

City & State

City & State

Miami, FL

04212004

Chg-P

CR2E034 (10/03)

Zip

Country

Zip

Country

33145

USA

4. FEI Number

51-0483694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, FAUSTO
48361 NW 27 AVE
OPA LOCKA, FL 33056**

Name

ALVAREZ, FAUSTO

Street Address (P.O. Box Number is Not Acceptable)

2828 CORAL WAY SUITE 300

City

MIAMI

FL

Zip Code

33145

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]

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, PEDRO O**
STREET ADDRESS **2828 CORAL WAY STE 300**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04

Date

305-442-1010

Daytime Phone #