2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000121500

1. Entity Name
SUPERMERCADO EL DIAMANTE, CORP

Principal Place of Business	Mailing Address
800 CLAUHTON ISLAND DR APT 2501 MIAMI, FL 33131	800 CLAUHTON ISLAND DR APT 2501 MIAMI, FL 33131

01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1085097
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PREVITE, PIETRO
800 CLAUHTON ISLAND DR APT 2501
MIAMI, FL 33131

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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 _____ DATE 1/17/08
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000797356
01/29/08-80071-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PREVITE, PIETRO
STREET ADDRESS	800 CLAUHTON ISLAND DR APT 2501
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	DUARTE, RAFAEL
STREET ADDRESS	800 CLAUHTON ISLAND DR APT 2501
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 the exception empowered.

SIGNATURE: _____ PIETRO PREVITE 1/17/08 786-4251255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #