2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 30, 2005 08:00 AM DOCUMENT # P03000140128 1. Entity Name **Secretary of State** EL PEQUENO GIGANTE MEAT MARKET INC. Mailing Address Principal Place of Business \_\_\_ 1150 NW 72 AVE STE 555 MIAMI FL 33126 1150 NW 72 AVE STE 555 **MIAMI FL 33126** 2. Principal Place of Business\_\_\_\_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 20-0443273 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, JULIO D 1150 NW 72 AVE STE 555 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** Zip Code 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 agont and tife if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST ☐ Delete TITLE ☐ Change Addition HILE TORRES, JULIO D NAME NAME 1150 NW 72 AVE STE 555 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY ST-ZIP THILE ☐ Addition HILE Defete ☐ Change NAME U0000280650 09/30/05-80024-824 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP ☐ Change Addition TITLE Delete BILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7P TITLE Change Addition ☐ Delete NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Julio Torres

SIGNATURE:

FILED