

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000006921

1. Entity Name
LA VEGA GROCERY CORPORATION



FILED

08 DEC -5 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
311 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

Mailing Address
311 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12032008

Chg-P

CR2E034 (12/08)

City & State

City & State

4. FEI Number

20-0587341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ANA
1150 N.W. 72ND AVENUE STE. 555
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

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

* See R/A Chg. Filed 12/5/08
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
HERNANDEZ, ANA J
1150 N.W. 72ND AVENUE STE. 555
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HERNANDEZ, RUFINO
1150 N.W. 72ND AVENUE STE. 555
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JULISSA HERNANDEZ
311 N. DIXIE HWY.
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400138527184
12/05/08--01045--004 **\$61.25

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #