

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000047926 1. Entity Name JESUS MIGUEL SUPERMARKET, INC.	
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Principal Place of Business 2582 BOGGY CREEK RD. KISSIMMEE, FL 34744	Mailing Address 2582 BOGGY CREEK RD. KISSIMMEE, FL 34744
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0871736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONILLA, CAROLINA M
2582 BOGGY CREEK RD
KISSIMMEE, FL 34744

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	P/D BONILLA, CAROLINA M 2582 BOGGY CREEK RD. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PIMENTEL, JESUS R 2582 BOGGY CREEK RD. KISSIMMEE, FL 34744
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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 address, with all other like empowered.

SIGNATURE: Carolina Bonilla _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____