2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000061379

1. Entity Name
EL BODEGON GROCERY #4, INC.

Principal Place of Business	Mailing Address
4704 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33415 US	12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414 US

01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1017474
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	ORTIZ, CARLOS M
STREET ADDRESS	14930 HORSESHOE TRACE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP
NAME	RINCON, GLORIA P
STREET ADDRESS	135 WESTWOOD CIRCLE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D
NAME	RINCON, GLORIA P
STREET ADDRESS	135 WESTWOOD CIRCLE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	S, D
NAME	RINCON, CARLOS M
STREET ADDRESS	6128 S. CONGRESS AVENUE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	T, D
NAME	RINCON, GUILLERMO A
STREET ADDRESS	12260 OLD COUNTRY ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000437018
02/28/06-80025-010 150.00

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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 an address, with all other like empowered.

SIGNATURE: ✓ _____ Carlos M. Ortiz, Pres. ✓02-14-06 (561)9672121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #