2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

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|---|---|---|-----------------------------|--|--|--|--------------------|--|--------------------------------------|-------------|---------------|------------------------|-------------------------------------|
| DOCUMENT # P04000064373 1. Entity Name DIERESTIL FOOD MARKET NO. 3, INC. | | | | | | | | | | | - | 008 ***15 | |
| Principal Plan | ne of Rusinass | | Mailing Ad | Idroce | | | | | | | | | |
| Principal Place of Business | | | _ | | | | | 1. | | | | | |
| 2519 N. ANDREWS AVE. | | | 2519 N. ANDREWS AVE. | | | | | | - | | | | |
| WILTON MANORS, FL 33311 | | | WILTON | WILTON MANORS, FL 33311 | | | | | | | | | |
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| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Ap | Suite. Apt. #, etc. | | | | 0103200 | 8 Chg | P | CR2E | 34 (12/06) | |
| City & State | | | City & St | City & State | | | | 4. FEI Nur | | | | <u> </u> | oplied For |
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| Zip | | Country | Zip | | Coun | itry | ļ | 5. Certific | ate of Status I | Desired | 3 | \$8.75 Add | |
| | 6. Name | and Address of Currer | ıt Registered Aç | gent ! | |] | t | 7. Name a | nd Address | of New Re | egistered | Agent | |
| | | | | | | Name | MA | 2/_ | DIAR | h==1. | , | | |
| 569 TEAK | IL, CEBATI | AN | | | | | | | nber is Not A | | | | - |
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| | , | | | | | 7 | 129 | MA | GNOL | AI | RIVE | | |
| | | | | | | City | A ic | 12 PA | 100 | | FL | Zip Cod | |
| 8. The above | e named entity | submits this statement | for the purpose of | of changing its i | registere | | | | | tate of Flo | | | # o3 |
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| 9 | - | ered agent. | | | 1 | 1 | ogisto. | ~ <i>(</i> / | | 4 | ر سا | | |
| - | MARC | 9 | nt and title if applicable | · - · R | | Agent signalure | v e required | when reinstating) | Ure | sl | DATE | | |
| SIGNATURE. | MARZ Signature, typed o | 7,60,650 | n; and title if applicable | · - · R | Registered gn Finar | Agent signature | e required \$5. | when reinstating | Ura | sl | | | |
| SIGNATURE. | MARZ Signature, typed o | or printed name of registered age FEE IS \$150.00 B Fee will be \$550 | n; and title if applicable | INOTE | Registered gn Finar | Agent signature | e required \$5. | when reinstating | LOS O | sl | DATE | D DIRECTOR | S IN 11 |
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12. Thereby 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 907, 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:

MARL DIESSTIL

Daytime Phone #