Apr 30 07 01:30p

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90088 020 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000072216

1. Entity Name
SUPERMARKET ACAPULCO TROPICAL INC

40112631

C4302007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3517 1 ST EAST BRADENTON, FL 34208	445 AVE B NE WINTER HAVEN, FL 33881

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3525 1st East	10627 old Grove Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton Fl	City & State: Bradenton Fl
Zip: 34208 Country: manatee	Zip: 34212 Country: manatee

4. FEI Number: ~~20-7077129~~ 20-1077129 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALCOCER, ELIA Q
445 AVE B NE
WINTER HAVEN, FL 33881

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALCOCER, ELIA Q 445 AVE B NE WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: E Quintana 04/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #