

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # P04000083251

1. Entity Name
BRANDON GROCERY, CORP.



07 NOV -6 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-7-07 *LD*



Principal Place of Business
532 SW 109 AVENUE
MIAMI, FL 33174

Mailing Address
532 SW 109 AVENUE
MIAMI, FL 33174

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-1170497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, DONAL B
532 SW 109 AVENUE
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name *Maria E. Duque*

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

532 SW 109 ave

City *Miami*

FL

Zip Code *33174*

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 of agent or person named as registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

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 P
NAME SOTO, DONAL B ☒ Delete
STREET ADDRESS 532 SW 109 AVENUE
CITY-STATE-ZIP MIAMI, FL 33174

TITLE D
NAME SOTO, CESAR ☒ Delete
STREET ADDRESS 532 SW 109 AVENUE
CITY-STATE-ZIP MIAMI, FL 33174

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President* ☒ Change ☐ Addition
NAME *Maria E. Duque*
STREET ADDRESS *532 SW 109 ave*
CITY-STATE-ZIP *Miami, FL 33174*

TITLE *D* ☒ Change ☐ Addition
NAME *Jose R Diaz*
STREET ADDRESS *532 SW 109 ave*
CITY-STATE-ZIP *Miami, FL 33174*

TITLE *200110787952* ☐ Change ☐ Addition
NAME *11/14/07--01014--003 **61.25*
STREET ADDRESS
CITY-STATE-ZIP

TITLE *200110787952* ☐ Change ☐ Addition
NAME *10/16/07--01060--012 **35.00*
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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 another like empowered

SIGNATURE:

Maria E. Duque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

MARIA ELENA DUQUE 10/31/07 (30x) 348-6635