2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN Secretary of State

ANNUAL REPORT				====		acroto	ry of St
DOCUI	MENT # P040001027			۵	eci etal	ly of St	
	ERA SUPERMARKET INC						
Principal Place	e of Business	Mailing Address					
		2200 AMERICA BLVD. Orlando, Fl 32839		•			
	ANTE TOWN	And the state of the second of the second					
			A Part A	01292008	No Chg-P	CR2E034 (11	/05)
is, did	O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For
				20-1353	885	£0.75	Not Applicable Additional
Krajaii				5. Certificate o	Status Desired	Fee Re	
	6. Name and Address of Current Re	gistered Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ALMONTE, DAMARIS 2935 W OAKRIDGE RD			14 h 24 - 15 1	DO I	NOT W	RITE	
ORLANDO, FL 32809				in T	HIS SP	ACE	
						in de la company	
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flor	ida. I am familiar	with, and accept
SIGNATUR	Damaris als	nont		·. a			
:	Signature, typed or printed name of registered agent and	utle il applicable. (NOTE Registeri	ed Agent signature required	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	+-	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS		and the same of the first	1911年時		设施制建设
TITLE NAME	ALMONTE, DAMARIS		To the				
STREET ADDRESS CITY-ST-ZIP	2935 W OAKRIDGE RD ORLANDO, FL 32809						
TITLE	D	Attack SHE Provi		ing and a second	. 0000000 .03/04/08	J83515731 -80005-01	3.150 bos
NAME STREET ADDRESS	ALMONTE, DIONISIO 2935 W OAKRIDGE RD						
CITY-ST-ZIP	ORLANDO, FL 32809						
TITLE NAME	D TAUERAZ, MAYRA				e de la companya de La companya de la co	Carrie at 15th	
STREET ADDRESS CITY-ST-ZIP	2200 AMERICA BLVD.			DO	NOT W	RITE	
TITLE	ORLANDO, FL 32839			INI T	HIS SP	ACE	
NAME STREET ADDRESS							
CITY-ST-ZIP				ing the training			
TITLE NAME			Constraint Town				
STREET ADDRESS						de Production	
CITY+ST-ZIP							
TITLE - NAME		• •	The state of the s		A training strong series		
STREET ADDRESS					31 i _a 1 z _a ,		en la se

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 othernike empowered.

SIGNATURE:

CITY-ST-ZIP

Damano almonte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

sie

Daylime Phone #