2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000110296 1. Entity Name						Apr 26, 2006 08:00 AM Secretary of State				
ULI FOOI	D STORE INC.		_				v			
Principal Plac	ce of Business	Mailing Address			-					
1150 NW 72ND AVE., SUITE 555 MIAMI FL 33162		1150 NW 72ND AVE., SUITE 555 MIAMI FL 33162								
2. Principal Place of Business		3. Mailing Address				ECCERC (A ECCA CCEC SPAIL DES	S ##\$#£ \$\$##£ \$\$##£	ANSIA ISEIN INSIA I	#F1F###\$ SF F##\$	
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1:	st MOORE	CR2E034	(10/05)		
City & State		City & State		4. FEI Numi	20-142109	1	⊢+	opplied For		
Zip Country		Zip	Zip Country		5. Certificat	e of Status Desired		\$8.75 Ad	iditional	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name an	d Address of New	Registered	Agent		
115	DRIGUEZ, JUAN D 0 NW 72ND AVE., SUITE MI FL 33162	. 55 <u>5</u>	 		(P.O. Box Num)	ber is Not Acceptab.	ie)			
				City			FL	Zip Cot	de	
8. The above the obliga	named entity submits this stateme tions of registered agent.	nt for the purpose of changing it	s register	ed office or registe	red agent, or b	oth, in the State of F	lorida. I am	familiar with	 , and accep	
SIGNATURE	Signature, typed or printed name of registered of	ngent and title if applicable (NO	TE. Registare	d Agent signature require	d when reinstaling)		DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$55(k Payable to Florida Departmen	0.00				9. Election Camp Trust Fund Co	-		.00 May Be led to Fees	
10.	"The state of the	IND DIRECTORS	11.		ADDITIONS) S/CHANGES TO OF	FICERS AND	DIRECTOR	3S IN 11	
TITLE	PD	☐ Delete	TITL	- 3				☐ Change	Mark	
NAME STREET ADDRESS DITY-ST-ZIP	RODRIGUEZ, CESAREA M 1150 NW 72ND AVE., SUITE 5 MIAM! FL 33152	555	- 1	E Et address -St-Zip		95/98/98 95/98/98-20	536460 30096-0	06 15D.	. 00	
TITLE	STD	☐ Delete	33170	1				☐ Change	Addition	
name Street address	RODRIGUEZ, JUAN D 1150 NW 72ND AVE., SUITE 5	55	NAM STRE	E ET ADORESS						
CITY-ST-ZIF	MIAMI FL 33162			- ST- ZIP						
TITLE		C Delete	TREE	5				☐ Change	☐ Additio	
NAME STREET ADDRESS			MAM Stre	ET ADDRESS						
C11Y -ST-21P			CITY	·ST-ZiP	<u> </u>					
title Name		☐ Delete	TITLE					☐ Change	☐ Additta	
STREET AOURLSS			nam Stre	ET ADDRESS						
CITY-ST- TIP			CITY	- ST- ZIP						
IMLE		☐ Delete	TITLE	į.	-			☐ Change	Addition 🗔	
NAME STREET ADDRESS			NAM Stre	ET ADDRESS						
CITY-ST-ZIP				-ST-Z1P						
TITLE		☐ Delete	IRL	5				☐ Change	Addition	
name Street address			nam Stre	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. I hereby indicated of the confidence of the	certify that the information supplied on this report or supplemental representation or the receiver or trustee of, or on an attachment with an ad-	orn is true and accurate and that empowered to execute this repo yess, with all other like empowe	my signa ort as r eg i. ored.	ure shall have the lired by Chapter 6	same legal elle 07, Florida Stati	t9, Florida Statutes. ect as if made under utes; and that my na	I further cer oath, that I me appears	tily that the am an office in Block 10	information r or director or Block 11	
SIGNAT	h h	on Cosa	nes i	Rednique	~		_	974.1		
		~								

FILED