2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90104 004 ***150.00

DOCUMENT # P04000118487

1. Entity Name
PEDRO GROCERY STORE, INC.

Principal Place of Business	Mailing Address
16460 SOUTHEAST HWY 475 SUMMERFIELD, FL 34491	8615 SOUTH MAGNOLIA AVE OCALA, FL 34476

07212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	16460 SE CTY RD 475
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SUMMERFIELD
Zip / Country	Zip: FL / Country: 34491

4. FEI Number: 56-2477709 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: UMAR P. SHARMA Street Address (P.O. Box Number is Not Acceptable): 16460 SE CTY RD 475 City: SUMMERFIELD FL Zip Code: 34491

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] (President of Pedro Grocery Store Inc) 7/19/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST SHARMA, UMAR P 16460 SOUTHEAST HWY 475 SUMMERFIELD, FL 34491 ☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature] UMAR P. SHARMA (President) 7/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #