## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 04, 2005 8:00 am Secretary of State DOCUMENT # P04000130240 1. Entity Name 05-04-2005 90134 028 \*\*\*150.00 LATIN GOURMET MARKET, CORP Principal Place of Business Mailing Address 20520 HIGHLAND LAKE BLVD 20520 HIGHLAND LAKE BLVD **MIAMI FL 33179** MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address 4312 SW 8 St. 4312 SW 85t Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 20-16/9669 City & State City & State Applied For FLORIDA FLOG: DA MIAMI -NiA ni Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RONDON MIGUEL Street Address (P.O. Box Number is Not Acceptable) RONDON, MIGUEL M SR. 20520 HIGHLAND LAKE BLVD MIAMI FL 33179 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 4-26-05 DATE SIGNATURE . Signature, typed or printed name and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Delete TITLE RONDON, MIGUEL M. 20520 HIGHLAND LAKE BLVD. NAME RONDON, MIGUEL M.SR. NAME 20520 HIGHLAND LAKE BLVD STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY+ST-ZIP CHY-ST-7IP MIAMI - FL 33179 TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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.

POID CHECK

4 128

**FILED** 

4-26-05 305-785-6896
Date Daytime Phone #