2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P04000139029

Entity Name: CIELO'S SUPERMARKET, INC.

Current Principal Place of Business:

10264 SHADOW BRANCH DR
TAMPA, FL 33647 US

New Principal Place of Business:

4311 W WATERS AVE
501
TAMPA, FL 33614 US

Current Mailing Address:

10264 SHADOW BRANCH DR
TAMPA, FL 33647 US

New Mailing Address:

4311 W WATERS AVE
501
TAMPA, FL 33614 US

FEI Number: 20-1714896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SCOTT F
4890 W. KENNEDY BLVD
240
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

NELSON, SCOTT F
3000 GULF TO BAY BLVD
219
CLEARWATER, FL 33759 US

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.

SIGNATURE: 05/01/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAMILO, AMADO C
Address: 10264 SHADOW BRANCH DR
City-St-Zip: TAMPA, FL 33647 US

Title: VP ( ) Delete
Name: CAMILO, MARIA
Address: 10264 SHADOW BRANCH DR
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAMILO, AMADO D
Address: 10264 SHADOW BRANCH DR
City-St-Zip: TAMPA, FL 33647 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMADO CAMILO P 05/01/2006
Electronic Signature of Signing Officer or Director — Date