2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 21 PM 2:47

DOCUMENT # P04000147448

1. Entity Name

SAN JUAN DEL SUR MINIMARKET, INC.

Principal Place of Business	Mailing Address
1681 NW 27TH AVE MIAMI,FL 33125	1681 NW 27TH AVE MIAMI FL 33125

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1806755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUAN C LOPEZ 2750 NW SOUTH RIVER DR # F-602 MIAMI FL 33125	Name: SAME Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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: Juan C. Lopez — 03/06/09
Signature, typed or printed name of registered agent and title if applicable. (If changing Registered Agent, signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2009 ... $500.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing May Be

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LOPEZ JUAN C 2750 NW SOUTH RIVER DR # F602 MIAMI FL 33125 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition 800145527338 03/11/09--01017--023 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE: Juan C. Lopez — 03/06/09 — (786) 319-2461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS