

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

PS 184

FILED

DEC -7 AM 10:32

DADE COUNTY, FLORIDA

DOCUMENT # P04000170233  
1. Entity Name  
**Grocery Primos, Inc**



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 05**

2. Principal Place of Business  
**8690 NW 22 Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE  
DEC 07 2005

City & State  
**Miami, FL**  
Zip  
**33147**

City & State  
Zip  
Country

4. FEI Number  
**20-2116197**  
Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **Othman, Naser**  
Street Address (P.O. Box Number is Not Acceptable)  
**8690 NW 22 Avenue**  
City **Miami** FL Zip Code **33147**

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:   
100062123961  
12/14/05--01004--012/02/05

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | P                        |
| NAME           | <b>Othman, Naser</b>     |
| STREET ADDRESS | <b>8690 NW 22 Avenue</b> |
| CITY-ST-ZIP    | <b>Miami, FL 33147</b>   |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(a), 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 on an attachment with an address, with all other shareholders.

SIGNATURE:

12/02/05

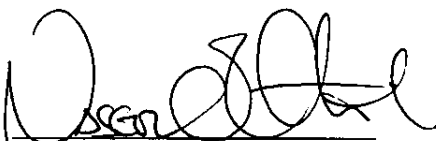
0282

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2005 or any other notice from the Division of Corporations in respect with the Corporation, **GROCERY PRIMOS, INC**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read 'Naser Othman', written over a horizontal line.

**NASER OTHMAN**  
**PRESIDENT**