


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State


03-01-2007 90018 045 ***150.00

DOCUMENT # P05000004458		
1. Entity Name TU PAIS MARKET INC.		

Principal Place of Business 3806 OPAL CIR ST CLOUD, FL 34772	Mailing Address 3806 OPAL CIR ST CLOUD, FL 34772
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2. Principal Place of Business - No P.O. Box # 807 Pine St. Suite, Apt. #, etc. Orlando, FL City & State 32824 Zip 32824	3. Mailing Address 807 Pine St Suite, Apt. #, etc. Orlando, FL City & State 32824 Zip 32824	Country USA	Country USA
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40027030



02202007 Chg-P CR2E034 (12/06)

4. FEI Number 34-2033379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FILPO, LEOVIGILDO 3806 OPAL CIR ST CLOUD, FL 34772	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Leovigildo Filpo DATE 02/20/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILPO, LEOVIGILDO 3806 OPAL CIR ST CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leovigildo Filpo DATE 02/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR