

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2008 08:00 A
Secretary of State**

DOCUMENT # P05000080359

1. Entity Name
J R GROCERY STORE INC.



Principal Place of Business
**926 SUNRISE BLVD
FORT LAUDERDALE, FL 33311**

Mailing Address
**1150 N.W. 72ND AVENUE
SUITE 555
MIAMI, FL 33126**



01192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-2979875	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NUNEZ, JOCELIN M
1150 N.W. 72ND AVENUE
SUITE 555
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NUNEZ, JOCELIN M 1150 N.W. 72ND AVENUE SUITE 555 MIAMI, FL 33126
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03/13/08-80022-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jocein M. Nunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/08
Date

Daytime Phone #