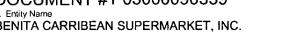
## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # P05000090339





**FILED** 

Secretary of State

05-02-2006 90172 046 \*\*\*150.00

May 02, 2006 8:00 am

1. Entity Name BENITA CARRIBEAN SUPERMARKET, INC. 40078425 Mailing Address Principal Place of Business 900 W LANCASTER RD 900 W LANCASTER RD ORLANDO, FL 32809 ORLANDO, FL 32809 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-3055789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLEGARDE, BERGEON Street Address (P.O. Box Number is Not Acceptable) 821 PALMERA ST ORLANDO, FL 32811 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition BELLEGARDE, BERGEON NAME NAME 821 PALMERA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE BELLEGARDE, BERGEON NAME NAME STREET ADDRESS 821 PALMERA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32811 ☐ Delete TITLE ☐ Change ☐ Addition TITLE BELLEGARDE, BERGEON NAME NAME STREET ADDRESS 821 PALMERA ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR