2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000121904

1623 PROWMORE DR

BRANDON, FL 33511

Address:

City-St-Zip:

Entity Name: LA FAMILIA FOOD & GROCERIES. INC

FILED Jan 15, 2009 Secretary of State

Littly Na	IIIE. LA FAIVIIL	IA 1 OOD & GROCERIES, INC	J.		
Current P	Principal Place	of Business:	New Principal Place of	New Principal Place of Business:	
	ANDON BLVD N, FL 33511				
Current N	Mailing Addres	s:	New Mailing Address	New Mailing Address:	
	ANDON BLVD N, FL 33511				
FEI Number	: 20-3442668	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	LUIS WMORE DR N, FL 33511	US			
	e named entity s e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: LUIS AZC	CONA			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () AZCONA, LUIS 1623 PROWMO BRANDON, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () AZCONA, NASA 1623 PROWMO BRANDON, FL	DRE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () AZCONA, BLEN 1623 PROWMO BRANDON, FL	DRE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TD () AZCONA, LUIS	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LUIS AZCONA PRES 01/15/2009