'.2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State DOCUMENT # P05000153891 1. Entity Name 05-05-2006 90179 008 ***150.00 POPULAR MINI MARKET II INC. Principal Place of Business Mailing Address 1150 N.W. 72ND AVENUE SUITE 555 1150 N.W. 72ND AVENUE SUITE 555 MIAMI FL 33126 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$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 Name PINALES, YSRAEL Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72ND AVENUE SUITE 555 MIAMI FL 33126 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Defete TITLE ☐ Change ☐ Addition NAME PINALES, YSRAEL NAME STREET ADDRESS 1150 N.W. 72ND AVENUE SUITE 555 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL 33126 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7tP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REFE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

-30-06

Daytimo Phone #

FILED