2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

FILED Mar 12, 2007 08:00 AM DOCUMENT # P05000153891 Secretary of State 1. Entity Namo POPULAR MINI MARKET II INC. Principal Place of Business Mailing Address 1150 N.W. 72ND AVENUE 1150 N.W. 72ND AVENUE SUITE 555 MIAMI FL 33126 SUITE 555 **MIAMI FL 33126** 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 20-3928205 Not Applicable Zip Country Ζıp 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 PINALES, YSRAEL 1150 N.W. 72ND AVENUE Street Address (P.O. Box Number is Not Acceptable) 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 SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITU: ☐ Delete TITLE ☐ Change Colling T PINALES, YSRAEL NAMI: NAME 1150 N.W. 72ND AVENUE SUITE 555 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change Addition NAME. NAME U00000662081 STREET ADDRESS STREET ADDRESS 03/20/07-80068-018 150.00 CITY-ST-ZIP CHY-SI-ZIP ■ Addition Change THIF Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP HILE ☐ Delete HILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIŒ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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 eath; 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.

Iseal Rinale