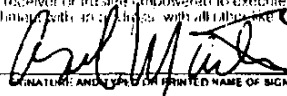


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

01-22-2007 90099 041 ***150.00

DOCUMENT # P06000088364			
1. Entity Name AMIGOS ONE STOP GROCERY, INC.			
Principal Place of Business 4350 WEST WATERS AVENUE SUITE 107 TAMPA, FL 33614 US		Mailing Address 4350 WEST WATERS AVENUE SUITE 107 TAMPA, FL 33614 US	
2. Principal Place of Business - Next to Box #		3. Mailing Address	
Trade Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FIC Number 35-2186695		Amigos One Stop Grocery, Inc.	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, ANGEL 4350 W. WATERS AVENUE SUITE 107 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL / 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contributions ☐ \$5.00 May Be Added to Fees	
10. CURRENTS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
NAME TITLE STREET ADDRESS CITY & STATE ZIP	MARTINEZ, ANGEL VP 4350 W. WATERS AVENUE, SUITE 107 TAMPA, FL 33614 ☐ Delete	NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Delete
NAME TITLE STREET ADDRESS CITY & STATE ZIP	MARTINEZ, MARI E VP 4350 W. WATERS AVENUE, SUITE 107 TAMPA, FL 33614 ☐ Delete	NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Delete
NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not comply 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. This form and filing fee shall be received by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 162, Florida Statutes, and that my name appears in Subchapter 11.2 changed, or on an attached exhibit, in a check with all other fees enclosed.			
SIGNATURE: 		ANGEL Martinez 01-19-07	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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