

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 005 ***159.00

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1. Entity Name

PACK SUPERMARKET & CAFETERIA, INC.



Principal Place of Business

1532 NW 7TH AVE
MIAMI, FL 33169
DA

Mailing Address

8235 NE 2ND AVE
MIAMI FL 33138
DA



2. Principal Place of Business - No P.O. Box #

PACK S/M & CAFETERIA

Suite, Apt. #, etc.

8235 NE 2ND AVE

City & State

MIAMI, FL

Zip
33138

Country
USA

3. Mailing Address

8235 NE 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33138

Country
USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

61-1509897

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILIASSE, KERNIZAN P
8235 NE 2ND AVE
MIAMI FL 33138

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

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME FILIASSE, KERNIZAN P ☐ Delete
STREET ADDRESS 8235 NE 2ND AVE
CITY - ST - ZIP MIAMI FL 33138

TITLE VP
NAME ALPAZILE, CELIMENE VP ☐ Delete
STREET ADDRESS 1532 NW 7TH AVE
CITY - ST - ZIP MIAMI FL 33169

TITLE S
NAME PHILIAS, PAULETTE SECRETA ☐ Delete
STREET ADDRESS 8235 NE 2ND AVE
CITY - ST - ZIP MIAMI FL 33138

TITLE T
NAME ALPAZILE, CLEMENCE TREASUR ☐ Delete
STREET ADDRESS 1527 NW 7TH AVE
CITY - ST - ZIP MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kernizan Filiasse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-07

Date

(305) 769-0081
Telephone