

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90024 049 ***150.00

DOCUMENT # P06000140708		
1. Entity Name AGROMERCADO LATINO CORP		

Principal Place of Business 2311 NW 149 STREET OPALOCKA, FL 33054	Mailing Address 2311 NW 149 STREET OPALOCKA, FL 33054
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2. Principal Place of Business - No P.O. Box # 7 NW 2 ST	3. Mailing Address 7 NW 2 ST
Suite, Apt. #, etc. H 218	Suite, Apt. #, etc. H 218
City & State MIAMI FL	City & State MIAMI FL
Zip 33128	Country 33128

400503

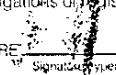


03012008 Chg-P-- CR2E034 (12/06)

4. FEI Number 20-5863935	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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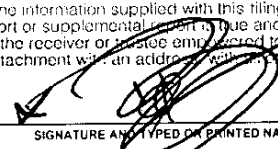
6. Name and Address of Current Registered Agent BACA, JESUS R 700 BILTMORE WAY APT. 718 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7 NW 2 ST H 218 City MIAMI FL Zip Code 33128
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8. 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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACA, JESUS R 700 BILTMORE WAY, APT. 718 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7 NW 2 ST STE 218 MIAMI FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMENEZ, ANDRES 411 NW 82 AVE, APT. 1003 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not violate 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; 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 a similar like empowered.

SIGNATURE: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		