


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90041 022 \*\*\*150.00

**DOCUMENT # P06000143317**

1. Entity Name  
**SUPERMARKET CASA LATINA, INC.**



Principal Place of Business      Mailing Address  
**1450 SKIPPER RD**                      **1450 SKIPPER RD**  
**BUILDING 20**                              **BUILDING 20**  
**TAMPA, FL 33613**                        **TAMPA, FL 33613**

**40064379**



2. Principal Place of Business No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

04092007      Chg-P      CR2E034 (12/06)

City & State                                      City & State

4. FEL Number      Applied For  
**90-0289088**                                      Not Applicable

Zip      Country                                      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DINARTE, RAMON A**  
**1450 SKIPPER ROAD**  
**BUILDING 20**  
**TAMPA, FL 33613**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DINARTE, RAMON A	
STREET ADDRESS	1450 SKIPPER RD BUILDING 20	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELERA, ALICIA M	
STREET ADDRESS	1450 SKIPPER RD BUILDING 20	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELERA, LUIS H	
STREET ADDRESS	1450 SKIPPER RD BUILDING 20	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 all other like empowered

**SIGNATURE:** X [Signature]      Date: 04/13/07      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR