


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000143317 1. Entity Name SUPERMARKET CASA LATINA, INC.	
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FILED
Jul 18, 2008 08:00 AM
Secretary of State

Principal Place of Business 1450 SKIPPER RD BUILDING 20 TAMPA, FL 33613	Mailing Address 1450 SKIPPER RD BUILDING 20 TAMPA, FL 33613
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06242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0289088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DINARTE, RAMON A 1450 SKIPPER ROAD BUILDING 20 TAMPA, FL 33613
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IN THIS SPACE

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.

07/18/08-80003-014 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008


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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINARTE, RAMON A 1450 SKIPPER RD BUILDING 20 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELERA, ALICIA M 1450 SKIPPER RD BUILDING 20 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELERA, LUIS H 1450 SKIPPER RD BUILDING 20 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 I am empowered.

SIGNATURE:  7/16/08

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