| 2008 FOR PRO   | TIT CORPORATION   | FILED Mar 17, 2008 08:00 AN Secretary of State |                             |  |  |
|--|---|--|-----------------------------|--|--|
| DOCUMENT # P06000152440  1. Entity Name PLAZA CARIBE MARKET #2 INC             |   |  |                             |  |  |
| Principal Place of Business 1870 PROVIDENCE BLVD. SUITE D DELTONA, FL 32725 US | Mailing Address<br>1870 PROVIDENCE BLVD.<br>SUITE D<br>DELTONA, FL 32725 US |  | <br>                        | Alon othu benocku red                      |  |
|  |   | # 5 E.   | 02272008 No Chg-P CR2E03    | 4 (11/05)                                  |  |
| DO NOT WR  | ITE IN THIS SPA   | ICE  | 4. FEI Number<br>20-8034936 | Applied For Not Applicable 8.75 Additional |  |
| 6. Name and Address of 0   |   |  |                             | ee Required                                |  |
| PERALTA, SERGIO<br>1870 PROVIDENCE BLVD  |   |  | DO NOT WRITE                |  |  |

| 1870 PROVIDENCE BLVD<br>SUITE D<br>DELTONA, FL 32725                     |   |  | IN THIS SPACE   |  |  |  |   |  |  |
|--|---|--|---|--|--|--|---|--|--|
|  | named entity submits this statement for the pions of registered agent.  | <del>b</del>   | ed office or registere  |  | n, in the State of Flo   | ida. Fam familiar with   | , and accept                                    |  |  |
| FIL<br>After Ma  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00   | Election Campaign Finar     Trust Fund Contribution.   | ncing _ \$5.0   | 00 May Be  |  |  |   |  |  |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                            | OFFICERS AND DIRECT P PERALTA, SERGIO 3406 GATORBAY CREEK BLVD ST CLOUD, FL 34769   | CTORS  |   |  |  | Arran Carlo  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                              |   |  |   |  | 000000<br>04/02/08-  | 1859295<br>188016-015 1  | <b>5</b> 0 00                                   |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |   |  |   |  | NOT W  | RITE   |   |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                               |   |  |   | ,  |  |  | Property of                                     |  |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME                                    |   |  | 500   |  |  |  |   |  |  |
| STREET ADDRESS CITY-ST-ZIP  12. I hereby of indicated of the corghanged. | certify that the information supplied with this fi<br>on this report or supplemental report is true i<br>poration or the receiver or trustee empowere<br>or on an attachment with an address, with al | iling does not qualify for the exe<br>and accurate and that my signa<br>d to execute this report as requi<br>I other like empowered. | emptions contained<br>ture shall have the s<br>red by Chapter 607 | in Chapter 119.<br>same legal effect<br>Florida Statutes | Florida Statutes 1<br>t as if made under of<br>s, and that my name | further certify that the<br>path; that I am an office<br>a appears in Block 10 | information<br>er or director<br>or Block 11 if |  |  |

03/06/08 Date

Daylime Phone #