

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

DOCUMENT # P06000154402

1. Entity Name
 LATIN TOUCH SPANISH GROCERY, INC.



01-25-2007 90056 028 ***150.00

Principal Place of Business
 736 W BRANDON BLVD
 BRANDON, FL 33510

Mailing Address
 736 W BRANDON BLVD
 BRANDON, FL 33510



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

3. Mailing Address

State Abbr #, etc

State Abbr #, etc

01202007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

56-2632430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEITH, W CURTIS
 1722 STAYSAIL DRIVE
 VALRICO, FL 33594

Name

Street Address (P.O. Box Number is Not Acceptable)

FL No 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 fee if applicable

(NOTE: Registered Agent signature required for election)

Date

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07

FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE NAME	STREET ADDRESS	CITY-STATE-ZIP
D	RODRIGUEZ, ALDO	736 W BRANDON BLVD BRANDON, FL 33510	<input type="checkbox"/> Delete								
			<input type="checkbox"/> Delete								
			<input type="checkbox"/> Delete								
			<input type="checkbox"/> Delete								
			<input type="checkbox"/> Delete								
			<input type="checkbox"/> Delete								

FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE NAME	STREET ADDRESS	CITY-STATE-ZIP
			<input type="checkbox"/> Change			<input type="checkbox"/> Add/Ret					
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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 107, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed or on an attachment with an address with all other like empowered.

SIGNATURE: *Aldo Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aranda x 01/18/06 836817995