


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90005 014 ***150.00

DOCUMENT # P07000004491	
1. Entity Name SUPERMERCADO EL NEVADO & MEAT MARKET INC	

Principal Place of Business 1034 NORTH WEST BOULEVARD LEESBURG, FL 34748	Mailing Address 1034 NORTH WEST BOULEVARD LEESBURG, FL 34748
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2. Principal Place of Business - No P.O. Box # 1034 North w Blvd.	3. Mailing Address 1034 North West Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Leesburg FL	City & State Leesburg FL
Zip 34748	Zip 34748
Country USA	Country USA

40046313



02122008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BLANCO PROFESSIONAL SERVICES INC. 807 SOUTH OBT APOPKA, FL 32704	7. Name and Address of New Registered Agent Name: <u>WMA</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:
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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: [Signature] DATE: 3/11/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P	NAME LOPEZ, VICTOR M	TITLE	NAME
STREET ADDRESS 372 WINNWAY ST	CITY-ST-ZIP APOPKA, FL 32712	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME LOPEZ, GUILLERMO	TITLE	NAME
STREET ADDRESS 372 WINNWAY ST	CITY-ST-ZIP APOPKA, FL 32712	STREET ADDRESS	CITY-ST-ZIP
TITLE TRE	NAME LOPEZ, ALEJANDRA	TITLE	NAME
STREET ADDRESS 372 WINNWAY ST	CITY-ST-ZIP APOPKA, FL 32712	STREET ADDRESS	CITY-ST-ZIP
TITLE SC	NAME GONZALEZ, REINA	TITLE	NAME
STREET ADDRESS 372 WINNWAY ST	CITY-ST-ZIP APOPKA, FL 32712	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: [Signature] **DATE:** 3/11/08 **DAYTIME PHONE:** 407-844-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR