2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P0700009530 1. Entity Name NUEVO OSCEOLA SPANISH GROCERY, INC. Principal Place of Business Mailing Address					04-28-2008 904	13 044 ***1	50.00
1906 E OSCEOLA PARKWAY 1		1906 E OSCEOLA PARKWAY KISSIMMEE, FL 34743		, [1]			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address 12137 Romero St.				
		Suite, Apt. #, etc.			Chg-P CR	E034 (12/06)	
City & State		ORlando,	ORlando, FC		0736807	I Ap	oplied For at Applicable
Zip	Country	32837	Cantry	5. Certificate	of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R	Registered Agent	•		Address of New Register	ed Agent	
NOGUEIRA, JUSTO JOEL 1906 E OSCEOLA PARKWAY				Name Street Address (P.O. Box Number is Not Acceptable)			
KISSIMMEE, FL 34743			Sired / Addic		Tis Not noceptable	-	
			City		F	Zip Cod	9
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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND D		11.	ADDITIONS/0	CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, TANIA 1906 E OSCEOLA PARKWAY KISSIMMEE, FL 34743	☐ Delete	TITLE NAME STREEY ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOGUEIRA, JUSTO JOEL 1906 E OSCEOLA PARKWAY KISSIMMEE, FL 34743	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby of indicated	certify that the information supplied with t on this report or supplemental report is t	his filing does not qualify fo true and accurate and that m	r the exemptions containy signature shall have t	ined in Chapter 119, the same legal effect	Florida Statutes. I further as if made under oath; the	certify that the in	formation or director

12. The eby certify that the information supplied with this filing does not quality 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 in chapter 607, Florida Statutes.

SIGNATURE:

4/21/68 (321)284-5212 Daytime Phone #