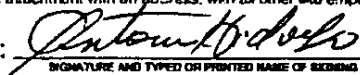


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3. Apr 07, 2008 8:00 am
Secretary of State

03-19-2008 90013 046 ***150.00

DOCUMENT # P07000088290					
1. Entity Name SOL DE BORINQUEN BAKERY, RESTAURANT & SUPERMARKET, INC.					
Principal Place of Business 1620 PLEASANT HILL ROAD KISSIMMEE, FL 34746			Mailing Address 14202 GREEN GABLE COURT ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 260651493	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIDALGO, ANTONIO 14202 GREEN GABLE COURT ORLANDO, FL FL				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip 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 title, if applicable. (NOTE: Registered Agent signature required when record is filed.) 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 DIRECTORS					
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
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NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
CITY-ST-ZIP	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: 				3-16-08 407-850-4150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

66005968



03162008 Chg-P CR2E034 (12/06)