

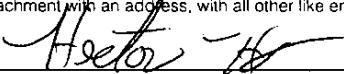


$$\text{CHO}$$

05-02-2008 90172 037 ***150.00

DOCUMENT # P07000132384				Secretary of State	
1. Entity Name LAND O LAKES LATIN GROCERY INC				05-02-2008 90172 037 ***150.00	
Principal Place of Business 18747 SUNTERRA DR LAND O LAKES, FL 34638		Mailing Address 18747 SUNTERRA DR LAND O LAKES, FL 34638			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7732 W HILLSBOROUGH AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008 Chg-P CR2E034 (12/06)	
City & State		City & State TAMPA, FLORIDA		4. FEI Number 26-1584832	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33615		HILLSBOROUGH			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HERNANDEZ, HECTOR 18747 SUNTERRA DR LAND O LAKES, FL 34638		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, HECTOR 18747 SUNTERRA DR LAND O LAKES, FL 34638	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  4/28/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					