


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90044 006 \*\*\*158.75

<b>DOCUMENT # P93000066773</b>	
1. Entity Name EL PICOTEO GROCERY, INC.	

Principal Place of Business 29353 SW 152ND AVENUE HOMESTEAD, FL 33033	Mailing Address 29353 SW 152ND AVENUE HOMESTEAD, FL 33033
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**DO NOT WRITE IN THIS SPACE**

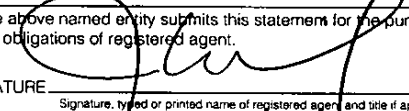


04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0437655	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ACCOUNTING SOLUTIONS OF HOMESTEAD <del>303 N. KROME AVENUE</del> 1005 N. Krome Ave <del>SUITE 100</del> #124 HOMESTEAD, FL 33030
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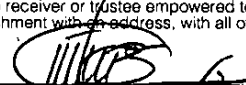
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 4/29/06
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PACHECO, OSCAR 14352 S.W. 272 STREET HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <del>MARTINEZ, JOSE D</del> Remove <del>1365 LAURA LANE</del> HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	add: Margarita Pacheco (Vice President) 14352 SW 272 St Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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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 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: 	4/29/06 N/A
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>