2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

05-29-2008 90194 040 ***150.00

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1. Entity Name

EL ARBOLITO MINI-MARKET & CAFETERIA, INC.



Principal Place of Business

1199 W. 37TH STREET HIALEAH, FL 33012

Mailing Address

1199 W. 37TH STREET HIALEAH, FL 33012

40106061



DO NOT WRITE IN THIS SPACE

01212008 No Cho-P CR2E034 (11/05)

4. FEI Number 65-0516088

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON FLORES 1199 WEST 37 STREET HIALEAH, FL 33012

"the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed nerine of registered agent and title if applicable. (INDTE: Registered Agent arginature required when renessaring) CATE										
	Signature, typed or printed marrie or registered again and rate	abbicapa: (InCit: sebitises	Agent express:	a sednuse awan (autmand)	CATE					
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	sing 🔲	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS			•					
TITLE NAME STREET ADDRESS CITY-ST-2IP	VPS FLORES, NELSON 1199 W. 37TH STREET HIALEAH, FL 33012			•						
TITLE MAME STREET ADDRESS CITY-ST-ZIP	:									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
HITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS-SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE HAME STREET ADDRESS CITY-SI-ZIP		4			•					
12. I hereby certify that the information supplied with his fining does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied mital report of true find 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 employed 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 a type wife employered. SIGNATURE:										
BIOMATURE AND TIMES OF STANDING OFFICER OR DIRECTOR DES DES DOUBLE Prove &										

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