

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # P95000037947**

1. Entity Name  
EL JARDIN SUPERMARKET, INC.



**FILED**  
**Jun 30, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| Principal Place of Business<br>12551 W. OKEECHOBEE RD<br>HIALEAH GARDENS FL 33016<br>US | Mailing Address<br>12551 W. OKEECHOBEE RD<br>HIALEAH GARDENS FL 33016<br>US |
|---|---|



|  |                     |   |  |
|--|---------------------|---|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  | 2nd MOORE   | CR2E034 (4/08)   |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |   |  |
| City & State                                   | City & State        | 4. FEI Number<br><b>65-0579826</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip  | Country             | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

ORTEGA, JOSE  
12551 W. OKEECHOBEE RD  
HIALEAH GARDENS FL 33016

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when appointing)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 3, 2008**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PVTS                     | <input type="checkbox"/> Delete |
| NAME           | ORTEGA, JOSE             |                                 |
| STREET ADDRESS | 12551 W. OKEECHOBEE RD   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33016 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | ORTEGA, JOSE             |                                 |
| STREET ADDRESS | 12551 W. OKEECHOBEE RD   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33016 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                           |   |
|----------------|---------------------------|---|
| TITLE          | U00000953456              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 06/30/08-80001-021 150.00 |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| 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:** X Jose Ortega **Date:** 6/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR