2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P95000095850 1. Entity Name 03-27-2006 90257 016 \*\*\*150.00 RODRIGUEZ GROCERIES INC. Principal Place of Business Mailing Address 101 E. 10 STREET HIALEAH FL 33010 101 E. 10 STREET HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0627158 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSE VENTURA MAYEA, LESLIE Street Address (P.O. Box Number is Not Acceptable) 101 E. 10 ST HIALEAH FL 33010 101 E 10 ST HIALEAH 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. PRESIDENT SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change Change ☐ Addition TITLE PRESIDENT NAME MAYEA, LESLIE NAME VENTURA, JOSE STREET ADDRESS STREET ADDRESS 302 E/ 3 STREET #102 302 = 35 # 102 Hialeah Cl 33010 CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP VICEPRESIDENT EULALIA ESPINAL VΡ ☐ Delete TITLE VENTURA, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 302 E. 3 STREET #102 302 E 351 \$102 Hidleh F/ 33010 CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP \_\_\_\_ Delete TITLE ☐ Change ☐ Addition DILE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE (T) Change TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 Section 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 attagnment with an address, with all other like empowered.

VOSE VER

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED