



FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000007971 1. Entity Name ALINA SUPERMARKET, INC.				May 05, 2008 08:00 Secretary of State					
Principal Place of Business 4301 W. HAMILTON AVENUE TAMPA, FL 33614 US		Mailing Address 4301 W. HAMILTON AVENUE TAMPA, FL 33614 US		 04292008 No Chg-P CR2E034 (11/05)					
DO NOT WRITE IN THIS SPACE				<table border="1"><tr><td>4. FEI Number 59-3431431</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-3431431	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent CRUZ, ALINA 4301 W. HAMILTON AVENUE TAMPA, FL 33614				DO NOT WRITE IN THIS SPACE					
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 re-registering) 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				U000000348359 06/02/08-80051-024 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD CRUZ, RAMON 4301 W. HAMILTON AVENUE TAMPA, FL 33614		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPD CRUZ, ALINA 4301 W. HAMILTON AVENUE TAMPA, FL 33614							
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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: ALINA CRUZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/30/08 (83)888-9969 <small>Date Daytime Phone #</small>					