2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000018436

Entity Name
NEW_GENERATION SUPERMARKET PLUS, INC.



FILED Mar 17, 2006 8:00 am Secretary of State

03-17-2006 90130 042 ***158.75

Principal Place of Business

7910 NW 22ND AVE. MIAMI, FL 33147 Mailing Address

7910 NW 22ND AVE. MIAMI, FL 33147





DO NOT WRITE IN THIS SPACE

03122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0743776 Applied For Not Applicable

5. Certificate of Status Desired

Ki

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NERY, DISLA 7910 NW 22ND AVE. MIAMI, FL 33147.

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	4, 4						
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_							
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	I Agent signature	required when reinstating)		DATE	
	1						
FILE NOTH FEE 13 3 130.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			w		L		
		10.10					•
TITLE	DP		1.00	· · · · · · ·		· · · · ·	
NAME	DISLA, JESUS			. •			
STREET ADDRESS	7910 NW 22ND AVE.		-	* *	,		
CITY-ST-ZIP			•	•			
CITT-31-ZIF	MIAMI, FL 33147						
TITLE	DS						
NAME	DISLA, NERY						
	•	•					
STREET ADDRESS	7910 NW 22ND AVE.#3					•	

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CITY-ST-ZIP MIAMI, FL 33147 TITLE DISLA, JUAN NAME 7910 NW 22ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33147 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 tike empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

NERY DISTA, Sec.

Dautena Phone #