

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90135 021 \*\*\*150.00

**DOCUMENT # P97000084630**

**1. Entity Name**  
**ARCO IRIS SUPERMARKET, INC**



**Principal Place of Business**  
**636 S STATE RD 7**  
**MARGATE, FL 33068**

**Mailing Address**  
**636 S STATE RD 7**  
**MARGATE, FL 33068**

**14021080**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-P

CR2E034 (10/03)

**4. FEI Number**

**65-0341805**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**LOPERA, EDUARDO A**  
**636 S STATE RD 7**  
**MARGATE, FL 33068**

**7. Name and Address of New Registered Agent**

**Eduardo LOPERA**

**636 S STATE RD 7**

**MARGATE, FL 33068**

**Coralspring**

**FL**

**33067**

**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**

*Eduardo Lopera*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☒ Delete  
**NAME** **LOPERA, EDUARDO A**  
**STREET ADDRESS** **636 S STATE RD 7**  
**CITY-ST-ZIP** **MARGATE, FL 33068**

**TITLE** **D** ☒ Delete  
**NAME** **LOPERA, ROSA**  
**STREET ADDRESS** **636 S STATE RD 7**  
**CITY-ST-ZIP** **MARGATE, FL 33068**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **Eduardo LOPERA** ☐ Change ☒ Addition  
**NAME**  
**STREET ADDRESS** **PRES.- SEC.-TREAS.**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Eduardo Lopera Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #