

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90034 031 \*\*\*150.00

**DOCUMENT # P98000002124**

1. Entity Name

LA ESTRELLA GROCERY STORE, INC.



Principal Place of Business

702 S 25TH ST  
FORT PIERCE FL 34950  
US

Mailing Address

702 S 25TH ST  
FORT PIERCE FL 34950  
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0810152

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CENDEJAS, LUZ M  
702 S 25TH ST  
FORT PIERCE FL 34950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME CENDEJAS, SALVADOR G  
STREET ADDRESS 1204 SOLTMAN AVENUE  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DP ☒ Change ☐ Addition  
NAME Cendejas, Salvador G  
STREET ADDRESS 4780 Selvitz Rd  
CITY-ST-ZIP Fort Pierce, FL 34981

TITLE DS ☐ Delete  
NAME CENDEJAS, LUZ M  
STREET ADDRESS 1204 SOLTMAN AVENUE  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DS ☒ Change ☐ Addition  
NAME Cendejas, Luz M  
STREET ADDRESS 4780 Selvitz Rd  
CITY-ST-ZIP Fort Pierce, FL 34981

TITLE V ☐ Delete  
NAME CENDEJAS, SALVADOR M  
STREET ADDRESS 1204 SOLTMAN AVE  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE V ☒ Change ☐ Addition  
NAME Cendejas, Salvador M  
STREET ADDRESS 4780 Selvitz Rd  
CITY-ST-ZIP Fort Pierce, FL 34981

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 26 2006 772 464-4335