
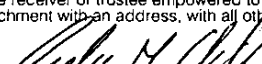


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90113 016 \*\*\*150.00

<b>DOCUMENT # P98000024766</b> 1. Entity Name <b>EL BODEGON GROCERY INC.</b>					
Principal Place of Business <b>4704 FORREST HILL BLVD WEST PALM BEACH, FL 33415</b>			Mailing Address <b>% MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414</b>		
2. Principal Place of Business - No P.O. Box # <b>4704 Forest Hill Blvd.</b>		3. Mailing Address <b>c/o Mario G. de Mendoza, III, P.A. 12765 Forest Hill Blvd #1302</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>West Palm Beach, FL</b>		City & State <b>Wellington, FL</b>		4. FEI Number <b>65-0821854</b>	
Zip <b>33415</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>DP</del> <del>ORTIZ, CARLOS</del> <del>14930 HORSESHOE TRACE</del> <del>WELLINGTON, F, 33414</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Ortiz, Carlos M. 14930 Horseshoe Trace Wellington, FL 33414	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RINCON, GLORIA P 135 WESTWOOD CIRCLE ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RINCON, GUILLERMO A 12260 OLD COUNTRY RD WEST PALM BEACH, FL 33414		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE 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 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.					
<b>SIGNATURE: X</b> 			<b>Carlos M. Ortiz, Pres. X</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-31-07</b> Daytime Phone # <b>(561)9672121</b>		