

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 039 ***158.75

DOCUMENT # *P98000041320*

1. Entity Name

FAMILY FOOD CENTER INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

301 W AVE A

3. Mailing Address

301 W AVE A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Belle Glade, FL

City & State

City & State

Belle Glade FL

4. FEI Number

65-0833090

Applied For

Not Applicable

Zip *33430*

Country

Palm Beach

Zip *33430*

Country

Palm Beach

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARA, Ruth Y

Street Address (P.O. Box Number is not acceptable)

1005 Palmetto ST

City

Clewiston

FL

Zip Code

33440

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE *PD*
NAME *LARA, Ruth Y*
STREET ADDRESS *1005 Palmetto ST*
CITY-ST-ZIP *Clewiston, FL 33440*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: *Ruth Y Lara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08

Date

361-992-2341

Daytime Phone #