

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000050257

1. Entity Name
EL MERCADITO GROCERY INC.



Principal Place of Business
**899 E SEMORAN BLVD
APOPKA, FL 32703**

Mailing Address
**899 E SEMORAN BLVD
APOPKA, FL 32703**



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3581815 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLIMON, IVAN
899 E SEMORAN BLVD
APOPKA, FL 32703**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000697824
04/18/07-80057-004 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T OLIMON, IVAN 899 E SEMORAN BLVD APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DE SANCHEZ, ELSA A 899 E SEMORAN BLVD APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ARIAS, MARIA I 899 EAST SEMORON BLVD APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ivan Olimon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07
Date

Daytime Phone #