2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2005 08:00 AM DOCUMENT # P99000077678 **Secretary of State** 1. Entity Name HALF BROTHER GROCERY INC. Mailing Address Principal Place of Business 1872 MIAMI DRIVE N MIAMI BEACH FL 33162 1150 NW 72ND AVENUE SUITE 555 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0944472 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYSS, MIGUEL 7800 N.E.10TH CT. Street Address (P.O. Box Number is Not Acceptable) LITTLE RIVER FL 33147 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nnetTITLE Delete REYES, MIGUEL NAME NAME STREET ADDRESS 7800 N.E.10TH CT. STREET ADDRESS LITTLE RIVER FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete THLE U00000280651 NAME NAME 03/30/05-80024-025 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete TITLE Change Addition TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change TITLE Addition MILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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.

Miguel Roya

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED