


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90148 047 ***150.00

DOCUMENT # S52524		
1. Entity Name OTTER CREEK MARKET, INC.		

Principal Place of Business RT 3 OTTERCREEK, ME 04665 US	Mailing Address PO BOX 161469 MIAMI, FL 33116-1469 US
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40066128

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 235 Catalonia Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip 33134	Country USA



04032007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0266774	Applied For Not Applicable
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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	
BARRETO, RODNEY 235 CATALONIA AVE CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETO, RODNEY 9990 SW 90TH AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authorized 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 employment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07 (305) 444-4648
Date Daytime Phone #