## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Jul 17, 2008 8:00 am Secretary of State DOCUMENT # S61698 07-17-2008 90060 017 \*\*\*155 00 1. Entity Name PERRINE FOOD RETAILERS, CORP. Principal Place of Business Mailing Address 13155 IXORA COURT 13155 IXORA COURT SUITE 702 SUITE 702 MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3155 AKONA CT 2nd MOORE CR2E034 (4/08) City & State 4. FEI Number Applied For 65-0277102 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ddress of Current Registered Agent 7. Name and Address of New Registered Agent DUGUESNE, IGNACIO Street Address (P.O. Box Number is Not Acceptable) 1701 SW-99 PL MIAMI FL 33165 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of friented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWRIFEE IS \$550.00 S.607 193(2)(b), F.S , allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150,00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Change Addition MAME BORRERO, JOHN NAME STREET ADDRESS 201 178 DR STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BORRERO, VINCENT R. NAME STREET ADDRESS 13155 IXORA CT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliercental 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 equired 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.

FILED

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ATTACHMENT 11814 Now 10th AUE Goin Loondry Leguest to work late fred heavise we det hat farries re time. Use gat there few day ago;

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