2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V58629

1. Entity Name

PRESIDENT SUPERMARKET, INC.



FILED
May 04, 2007 08:00 AM
Secretary of State

Principal Place of Business

1550 WEST 84TH STREET HIALEAH, FL 33014

Mailing Address

2828 CORAL WAY SUITE 300 MIAMI, FL 33145



DO NOT WRITE IN THIS SPACE

| 04272007 | No Chg-P | CR2E034 (11/05) | | |
|---------------|----------|-----------------|----------------|--|
| 4. FEI Number | | | Applied For | |
| 65-0351924 | | | Not Applicable | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, FAUSTO 2828 CORAL WAY SUITE 300 MIAMI, FL 33145

MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

| | e named entity submits this statement for the p tions of registered agent. | surpose of changing its registere | d office or | registered agent, or both. I | in the State of Florida. I am familiar with, and accept |
|----------------|---|--|--------------|--------------------------------|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and life | Applicable (NOTE: Radistara) | Ageni menatu | e required when reinstating) | DATE |
| | og allow, y see o pariod rate of og see of a governor | 11010 | | | |
| | E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE | PD | | | | |
| NAME | MARIN, MANUEL | | | | |
| STREET ADDRESS | 2308 NE 30 COURT | | | | |
| CITY-ST-ZIP | LIGHTHOUSE POINT, FL 33064 | | | | |
| MLE | STD | | | | U00000760905 |
| NAME | RODRIGUEZ, PEDRO | | | | 05/25/07-80033-022 150. |
| STREET ADDRESS | 55 N. HIBISCUS DR | | | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | | | |
| TITLE | AS | | | | |
| NAME | ALVAREZ, FAUSTO | | | | |
| STREET ADDRESS | 2828 CORAL WAY, STE 300 | | | D 0 1 | LAT MINITE |

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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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07

305-557-6466

Dayl-me Phone #