


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90246 025 \*\*\*150.00

DOCUMENT # 168188 1. Entity Name GARDNER'S SUPER MARKETS, INC. NO. 1	
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Principal Place of Business 7301 SW 57TH AVENUE MIAMI, FL 33143 US	Mailing Address 1 FINANCIAL PLAZA SUITE 1400 100 SE THIRD AVE FORT LAUDERDALE, FL 33394 US
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**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0676956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PLOUCHA, LAWRENCE M. E  
 ATKINSON, DINER, STONE & MANKUTA, P.A.  
 1 FINANCIAL PLAZA SUITE 1400  
 HOLLYWOOD, FL 33022

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JOSEPH T <del>12374 SW 82ND AVE.</del> 18001 Old CUTLER Rd., Ste. #362 MIAMI, FL <del>33156</del> 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ADAMS, MAURICE <del>12374 SW 82ND AVE.</del> 18001 Old CUTLER Rd., Ste. #362 MIAMI, FL <del>33156</del> 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ADAMS, ELIZABETH 18001 Old CUTER Rd., Ste. #362 <del>12374 SW 82ND AVE.</del> MIAMI, FL <del>33156</del> 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, LOUISE G <del>12374 SW 82ND AVE.</del> 18001 Old CUTLER Rd., Ste. #362 MIAMI, FL <del>33156</del> 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURICE G. ADAMS 18001 Old CUTLER Rd., Ste. #362 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: Maurice G. Adams 4/27/06 305-271-7211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #