

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 15, 2006  
Secretary of State**

DOCUMENT# 300954

Entity Name: GARDNER'S SUPER MARKETS,INC., #4

**Current Principal Place of Business:**

26 DOCKSIDE LANE  
OCEAN REEF CLUB  
NORTH KEY LARGO, FL 33037 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 FINANCIAL PLAZA SUITE 1400  
100 SE THIRD AVE  
FORT LAUDERDALE, FL 333947 US

**New Mailing Address:**

FEI Number: 59-1108709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLOUCHA, LAWRENCE M. E  
1 FINANCIAL PLAZA SUITE 1400  
100 SE THIRD AVE  
FORT LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GARDNER, JOSEPH T  
Address: 18001 OLD CUTLER RD, STE #362  
City-St-Zip: MIAMI, FL 33157

Title: DCEO ( ) Delete  
Name: ADAMS, MAURICE D  
Address: 18001 OLD CUTLER RD, STE #362  
City-St-Zip: MIAMI, FL 33157

Title: DPST (X) Delete  
Name: ADAMS, ELIZABETH  
Address: 18001 OLD CUTLER RD, STE #362  
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete  
Name: GARDNER-SCHWARTZ, LOUISE G  
Address: 18001 OLD CUTLER RD, STE #362  
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete  
Name: ADAMS, MAURICE G  
Address: 18001 OLD CUTLER RD, STE #362  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: BARED, MAURICE  
Address: 5800 NW 74TH AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: DPS (X) Change ( ) Addition  
Name: BARED, CARLOS  
Address: 5800 NW 74TH AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KIME

AGEN

11/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date