



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90291 046 \*\*\*150.00

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| <b>DOCUMENT # P99000059761</b>   |                                 |   |   |                       |  |
| <b>1. Entity Name</b><br>NEIGHBORHOOD FOOD MART, INC.  |                                 |   |   |  |  |
| <b>Principal Place of Business</b><br>2134 WASHINGTON STREET<br>HOLLYWOOD, FL 33020  |                                 |   | <b>Mailing Address</b><br>2128 WASHINGTON ST<br>HOLLYWOOD, FL 33020   |  |  |
| <b>2. Principal Place of Business</b><br>2128 WASHINGTON ST<br>Suite, Apt. #, etc.   |                                 | <b>3. Mailing Address</b><br>PO BOX 801206<br>Suite, Apt. #, etc.                                 |   |                      |  |
| <b>City &amp; State</b><br>HOLLYWOOD, FL   |                                 | <b>City &amp; State</b><br>Aventura FLORIDA   |   | 04142004    Chg-P    CR2E034 (10/03)   |  |
| <b>Zip</b><br>33020  |                                 | <b>Zip</b><br>33280   |   | <b>4. FEI Number</b><br>65-0933266   |  |
| <b>Country</b><br>USA  |                                 | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>GIGANTE, VIRGILIO<br>3801 S OCEAN DR 4M<br>HOLLYWOOD, FL 33019   |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code               |  |  |
| <b>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.</b><br>SIGNATURE: <u><i>Virgilio Gigante</i></u> <b>VIRGILIO GIGANTE</b> <u>4-15-04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                 |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br>PSD<br><b>NAME</b><br>GIGANTE, VIRGILIO<br><b>STREET ADDRESS</b><br>3801 S OCEAN DR 4-M<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD, FL 33019   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>VPTD<br><b>NAME</b><br>GIGANTE, MARIA P<br><b>STREET ADDRESS</b><br>2134 WASHINGTON ST<br><b>CITY-ST-ZIP</b><br>HOLLYWOOD, FL 33020  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>VPTD<br><b>NAME</b><br>GIGANTE, MARIA P<br><b>STREET ADDRESS</b><br>3600 MYSTIC POINT DR. 417<br><b>CITY-ST-ZIP</b><br>Aventura, FL 33180 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
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| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |                                 |   |   |  |  |
| <b>SIGNATURE:</b> <u><i>Virgilio Gigante</i></u> <b>VIRGILIO GIGANTE</b>   |                                 |   | 4-15-04    954-661-6609<br><small>Date    Daytime Phone #</small>   |  |  |