

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 241564

FILED
Nov 15, 2006
Secretary of State**Entity Name:** GARDNER'S SUPER MARKETS, INC.**Current Principal Place of Business:**18001 OLD CUTLER ROAD
SUITE 362M
PALMETTO BAY, FL 33157 US**New Principal Place of Business:****Current Mailing Address:**C/O LAWRENCE M. POLUCHA, ESQ.
1 FNCL PLAZA, SUITE 1400, 100 SE THIRD AVE
FT. LAUDERDALE, FL 33394 US**New Mailing Address:****FEI Number:** 59-1001131 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PLOUCHA, LAWRENCE M. ES
ATKINSON, DINER, STONE & MANKUTA, P.
1 FNCL PLAZA, SUITE 1400, 100 SE THIRD AVE
FT. 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:** DPST () Delete
Name: ADAMS, ELIZABETH
Address: 18001 OLD CUTLER RD, STE #362
City-St-Zip: MIAMI, FL 33157**Title:** DCEO () Delete
Name: ADAMS, MAURICE
Address: 18001 OLD CUTLER RD, STE #362
City-St-Zip: MIAMI, FL 33157**Title:** D (X) Delete
Name: GARDNER, J T
Address: 18001 OLD CUTLER RD, STE #362
City-St-Zip: MIAMI, FL 33157**Title:** D (X) Delete
Name: GARDNER-SCHWARTZ, LOUISE
Address: 18001 OLD CUTLER RD, STE #362
City-St-Zip: PALMETTO BAY, FL 33157**Title:** D (X) Delete
Name: ADAMS, MAURICE G
Address: 18001 OLD CUTLER RD, STE #362
City-St-Zip: MIAMI, FL 33156**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 D. KIME

AGEN

11/15/2006

Electronic Signature of Signing Officer or Director

Date