


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 480865</b> 1. Entity Name FLORIDA GROCER PUBLICATIONS, INC.	
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Principal Place of Business 7805 S.W. 71ST AVENUE MIAMI, FL 33173 US	Mailing Address P.O. BOX 160943 MIAMI, FL 33116 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1636068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BARRENECHE, J. MICHAEL 14307 S.W. 100 LANE MIAMI, FL 33186
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NOBLES, MINEVA G. 7805 S.W. 71ST AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOBLES, JAMES E. 7805 S.W. 71ST AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KANE, DENNIS M. 2615 N.E. 49ST #211 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000103327 04/05/04-80051-019 150.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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.

SIGNATURE: <u>James E. Nobles, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/2/04</u> <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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