

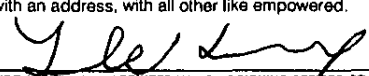


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 534765 1. Entity Name DOWNTOWN SUPERMARKET CORP.			
Principal Place of Business 71 S. E. FIRST STREET MIAMI, FL 33131		Mailing Address 71 S. E. FIRST STREET MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE			
		04282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1751053	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 GONZALEZ, HUMBERTO 1512 SARAGOSSA CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees U000000943315 05/29/08-80054-016 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALEZ, HUMBERTO 1512 SARAGOSSA CORAL GABLES, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GONZALES, DOLORES 1512 SARAGOSSA CORAL GABLES, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		04.28.08	305-4421010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #