

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90077 016 ***150.00

DOCUMENT # G75366 1. Entity Name GARDNER'S SUPER MARKETS, INC. NO. 6					
Principal Place of Business 8287 SW 124TH ST MIAMI, FL 33157 US			Mailing Address <i>C/O Ploucha, L.M. Esq.</i> 1946 TYLER STREET HOLLYWOOD, FL 33022-2088 US		
2. Principal Place of Business		3. Mailing Address <i>Suite 1400</i> <i>1 Financial Plaza</i>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. <i>100 SE Third Ave</i>		03102005 Chg-P CR2E034 (10/03)	
City & State _____		City & State <i>Ft. Lauderdale FL</i>		4. FEI Number 59-2347482	
Zip _____		Zip <i>33394</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLOUCHA, LAWRENCE M ATKINSON, DINER, STONE, BLACK, & MANKUTTA 1946 TYLER STREET HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>Suite 1400</i> <i>1 Financial Plaza</i> <i>100 SE Third Ave</i> City <i>Ft. Lauderdale</i> FL Zip Code <i>33394</i>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JOSEPH T 12374 SW 82ND AVE MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ADAMS, MAURICE D 12374 SW 82ND AVE MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ADAMS, ELIZABETH G 12374 SW 82ND AVE MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, LOUISE G 12374 SW 82ND AVE MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: <i>Manoel A. ...</i> <i>CEO</i> <i>3/10/05</i> <i>3056679803</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					