


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90058 001 ***300.00

DOCUMENT # G99790		
1. Entity Name B & R SUPERMARKET, INC.		

Principal Place of Business 5767 S.W. 40TH STREET MIAMI, FL 33155	Mailing Address 11 N ROYAL POINCIANA BLVD STE 100 MIAMI, FL 33166
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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66406231



03042004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2389396	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name <u>Max Milan</u> Street Address (P.O. Box Number is Not Acceptable) <u>11 N. Royal Poinciana Blvd</u> <u>Suite 100</u> City <u>Miami Springs</u> FL Zip Code <u>33166</u>	
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>3/12/04</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILAM, ALLEN R. 18001 S.W. 55 STREET FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 N. Royal Poinciana Blvd #100 Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIXON, MARIE MILAM 15854 SW 143 PLACE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 N. Royal Poinciana Blvd #100 Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILAM, MICHAEL S. 2571 JARDIN CT WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 N. Royal Poinciana Blvd #100 Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILAM, MAX E 1480 SW 155 AVENUE FORT LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 N. Royal Poinciana Blvd #100 Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>Marie Milan Dixon</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3/12/04</u>	Daytime Phone # <u>305-884-4870 ext 229</u>
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