## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # G99790  1. Entity Name  B & R SUPERMARKET, INC.  |   |  |   |               | 03-16-2004 90058 001 ***300.00  |   |   |  |
|---|---|--|---|---------------|---|---|---|--|
| Principal Plac  | ce of Business  | Mailing Address  | •   | <del></del>   |   |   |   |  |
| 5767 S.W. 4   |   | 11 N ROYAL POINCIANA   | N BLVD  |               |   |   |   |  |
| MIAMI, FL 3   | 3133  | STE 100<br>Miami, Fl. 33166  |   |               |   | 66406   | 3231  |  |
|   |   |  |   |               |   |   |   |  |
| 2. Principal P  | Place of Business   | 3. Mailing Address   |   |               |   |   | ! B!\$   B  \$   B  \$   B  \$   B  |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.  |   |               | 03042004  | Chg-P   | CR2E034 (10/03)   | ı  |
| City & State  |   | City & State   |   | 4. FEI Number | 200   | <del></del>   | pplied For  |  |
| Zip · Country   |   | Zip  | Country   |               | 59-2389   |   | <u> </u>  | ot Applicable  |
|   |   |  |   |               | 5. Certificate of   |   | Fee Require   | ed   |
|   | 6. Name and Address of Curren   | t Registered Agent   | Nam   |               | 7. Name and A   | ddress of New R   | tegistered Agent  |  |
|   | Z, JOSE.M   |  | ,   | YYV           | e m   | ilan  |   |  |
| 782 NW LE<br>SUITE 548  | EJEUNE ROAD   |  | Stre  | t Address (   | P.O. Box Number   | is Not Acceptable   | na Blud   |  |
| MIAMI, FL   |   |  |   | suite         | 100   | •   |   |  |
| _   |   | _  | City  | <b>Ω</b> : α. |   |   | FL 395%   | de   |
| 8. The above  | named entity submits this statement f   | or the purpose of changing its   | registered offic  | or register   | <u>^` Sof`∩</u><br>ed agent, or both,                                 | in the State of Flo   | orida. I am familiar with   | , and accept   |
| the obligat   | tions of registered agent.  |  |   |               |   |   |   | ·  |
| SIGNATURE   | Signature, typed or printed name of registered agen   |  |   |               |   | 3   | 112/04  |  |
|   | alguardie, typed or printed hame or registered agen-  | tand tide ii applicable. (NOTE   | : Registered Agent si   |               | when reinstating)   |   | DATE  | 1  |
|   |   | <u> </u>   |   |               |   | **  | 2,1,2   |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.   | 9. Election Campaig<br>Trust Fund Contr                                  | gn Financing<br>ibution.  | \$5.          | 00 May Be   |   | ទី (ស៊ីវាឌ. នៅក្នុង)<br>ក្រុសពី (នេះ ) នៅ   | 2.<br>.' v.u.C   |
| 10.   | OFFICERS AND  | 9. Election Campai, Trust Fund Contr                                     | gn Financing ibution.   | \$5.          | 00 May Be   |   | ICERS AND DIRECTOR  | S IN/11'   |
|   | - · · · · · · · · · · · · · · · · · · ·   | 9. Election Campaig<br>Trust Fund Contr                                  | gn Financing<br>ibution.  | \$5.<br>Add   | 00 May Be ed to Fees  | HANGES TO OFF   | ICERS AND DIRECTOR  Change  | S IN'11' Addition  |
| TITLE NAME STREET ADDRESS   | PD<br>MILAM, ALLEN R.<br>18001 S.W. 55 STREET   | 9. Election Campai, Trust Fund Contr                                     | gn Financing ibution.  11. TITLE NAME STREET ADDRE  | \$5.<br>Add   | 00 May Be ed to Fees  | HANGES TO OFF   | ICERS AND DIRECTOR  Change  | S IN'11' Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>MILAM, ALLEN R.<br>18001 S.W. 55 STREET<br>FT. LAUDERDALE, FL   | 9. Election Campaigner Trust Fund Control Directors                      | gn Financing ibution.  11.  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  | \$5.<br>Add   | 00 May Be ed to Fees  | HANGES TO OFF   | ICERS AND DIRECTOR  Change Iana Blvd  L 33166   | Addition   |
| TITLE NAME STREET ADDRESS   | PD<br>MILAM, ALLEN R.<br>18001 S.W. 55 STREET   | 9. Election Campai, Trust Fund Contr                                     | gn Financing ibution.  11. TITLE NAME STREET ADDRE  | \$5.          | OO May Be ad to Fees  ADDITIONS/CH  N Roya  ani Sp                    | HANGES TO OFFI<br>(Poinci   | ICERS AND DIRECTOR  Change  Cana Blud  Change  Change   | Addition Addition  |
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| 10.  ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | PD MILAM, ALLEN R. 18001 S.W. 55 STREET FT. LAUDERDALE, FL ST DIXON, MARIE MILAM 15854 SW 143 PLACE MIAMI, FL   | 9. Election Campaigner Trust Fund Control Directors  Delete              | gn Financing ibution.  11.  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  | \$5. Add      | 00 May Be ed to Fees ADDITIONS/CI  N Roya  ani Sp  J. Roya            | HANGES TO OFFI<br>(Poinci   | ICERS AND DIRECTOR  Change  Change  Change  Change  Change  Change  Change  | Addition  Addition  Addition   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | PD MILAM, ALLEN R. 18001 S.W. 55 STREET FT. LAUDERDALE, FL ST DIXON, MARIE MILAM 15854 SW 143 PLACE MIAMI, FL VD MILAM, MICHAEL S. 2571 JARDIN CT   | 9. Election Campaigner Trust Fund Control Directors  Delete              | gn Financing ibution.  11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE NAME STREET ADDRE  | \$5.          | OD May Be and to Fees  ADDITIONS/CI  No Ya  ani Sp  No Royal  ani Sp  | Poincione Poincione Poincione Poincione Poincione                 | ICERS AND DIRECTOR  Change  Change  Change  Change  Change  Change  | Addition  Addition  Addition  Addition   |
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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. Lituritier, 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: | Main mila Dix Marie Milan Dixon                                    | 3/12/04 | 305-884-4817          |
|------------|--|---------|-----------------------|
|            | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # CX 22 |