2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State DOCUMENT # H65094 1. Entity Name FLORIDA SUPERMARKETS, INC. Principal Place of Business Mailing Address 823 ELEVENTH AVE. 823 ELEVENTH AVE. 3RD FLOOR 3RD FLOOR NEW YORK, NY 10019-3535 NEW YORK, NY 10019-3535 03182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3320061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Regulred 6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY DO NOT WRITE 1201 HAYS ST. TALLAHASSEE, FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CATSIMATIDIS, JOHN A NAME **823 ELEVENTH AVENUE** STREET ADDRESS NEW YORK, NY 10019 CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the and accutate 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 receive of trustled-impowered 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 likelyempowered. changed, or on an attachment,

SIGNATURE: ^

NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #