


**2006 FOR PRO IT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90043 023 \*\*\*150.00

<b>DOCUMENT # H86718</b>							
1. Entity Name <b>FOOD RITE SUPERMARKET, INC.</b>							
Principal Place of Business <b>5400 PALM AVENUE HIALEAH FL 33012</b>			Mailing Address <b>5400 PALM AVENUE HIALEAH FL 33012</b>				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>59-2608155</b>			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>PAEZ, MANUEL I 78 W. 50TH ST. HIALEAH FL 33012</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code
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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)							
<b>FILE NOW!!! FEE IS \$150.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				
<b>After May 1, 2006 Fee Will Be \$550.00</b>			<b>\$5.00 May Be Added to Fees</b>				
<b>Make Check Payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>PAEZ, MANUEL I</b>		NAME				
STREET ADDRESS	<b>1922 ROYALE BINADELE D</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>HIALEAH FL 33018</b>		CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>70 W 60 TH ST</b>		NAME				
STREET ADDRESS	<b>HIALEAH FL 33012</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>PAEZ LINDA</b>		CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>566 E 41 ST</b>		NAME				
STREET ADDRESS	<b>HIALEAH FL 33013</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>PAEZ REINALDO</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Manuel PAEZ I</u> <u>Manuel Paez</u> <u>3-24-06-205-8293694</u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							