


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # J33019 1. Entity Name IDEAL SUPER MARKET, INC.	
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Principal Place of Business 7601 PALM RIVER RD. TAMPA, FL 33619 US	Mailing Address 7601 PALM RIVER RD. TAMPA, FL 33619 US
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DO NOT WRITE IN THIS SPACE

07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2725619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANCHEZ, FELIPE E
7601 PALM RIVER RD
TAMPA, FL 33634

**DO NOT WRITE
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.

SIGNATURE FELIPE E SANCHEZ 07/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, FELIPE E 3820 GULF BLVD STE 302 SAINT PETERSBURG, FL 33706
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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 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: Felipe Sanchez 07/14/06 813) 493-9963
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR DIRECTOR Date Daytime Phone #