2003 FOR PROFIT CORPORATION

Mar 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # J94186 1. Entity Name 03-17-2003 90111 005 ***150.00 L-T FOOD MARKET, INCORPORATED Principal Place of Business Mailing Address % ANH TUAN LUONGE % ANH TUAN LUONGE 1E - BROWARD BLVD 1E - BROWARD BLVD FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES - Proward BL City & State 4. FEI Number Applied For 59-2848601 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUONG, ANH TUAN Street Address (P.O. Box Number is Not Acceptable) 1 E - BROWARD BLVD #105 FORT LAUDERDALE FL 33301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE X Delete ☐ Change Addition NAME LUONG, ANH TUAN NAME 5205 NW 67 AVE GIREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME LUONG, NGUYET THU NAME STREET ADDRESS 5205 NW 67 AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP DS TITLE ☐ Deléte TITLE **∑** Change Addition NAME LUONG, NGA T NAME STREET ADDRESS 1 E - BROWARD BLVD # 105 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE 1) P.S Change Change ☐ Addition NAME LUONG, HANG T NAME 5205 NW 67 AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED