2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000055001 -

1. Entity Name

ST. LAZARUS SUPERMARKET, INC.



Mar 19, 2004 08:00 AM Secretary of State

Principal Place of Business

2288 SW 5TH ST. MIAMI, FL 33135 Mailing Address

2288 SW 5TH ST. MIAMI, FL 33135





FILED

01092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1014880

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, LAZARO M 2288 SW 5TH ST. MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plions of registered agent. | urpose of changing its regi | istered office or re | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------------|--------------------------------------------------------------|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title it | Landing (NOTE: Box | riotorod Ament cionatura | required when reinstating) | DATE | |
| | Signature, typeo or printed name of registereo again, and title in | apparabe. (NOTE: neg | psiereo Agent signatore | reduied wilest resistantly | DAIL | |
| FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECT | | TORS | | | | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | PTD ALVAREZ, LAZARO M 2288 SW 5TH ST. MIAMI, FL 33135 | | | | U00000092375 | |
| TITLE NAME STREET ADORESS CHY-ST-ZIP | VS ALVAREZ, VICTOR M 2288 SW 5TH ST. MIAMI, FL 33135 | | | | 03/19/04-80006-011 150.00 | |
| BILE NAME STREET ADDRESS CHY-SI-ZIP | | | | DO | NOT WRITE | |

IN THIS SPACE

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.

SIGNATURE

STREET ADDRESS CRY-ST-ZIP

धग्रह NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP TILE

LAZARO M. ALVAREZ, PRES.

03-17-04 (305)444-5511