


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90207 030 \*\*\*150.00

<b>DOCUMENT # P00000109553</b>	
1. Entity Name <b>BARGAIN FOOD MARKET, INC.</b>	

Principal Place of Business <b>2211 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020</b>	Mailing Address <b>2211 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020</b>
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2. Principal Place of Business <b>BARGAIN FOOD MARKET</b>	3. Mailing Address <b>2211 HOLLYWOOD BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>HOLLYWOOD</b>	City & State <b>HOLLYWOOD</b>
Zip <b>33020</b>	Zip <b>33020</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>



04242006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1071719-83.0444777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SAINTIL, PRINCIVIL 727 S.W. 3RD AVENUE HALLANDALE, FL 33009</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 **PRINCIVIL SAINTIL** (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SAINTIL, PRINCIVIL</b>		NAME	
STREET ADDRESS <b>727 SW 3RD AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HALLANDALE, FL 33009</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELISCA, VERLAND</b>		NAME	
STREET ADDRESS <b>727 SW 3RD AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HALLANDALE, FL 33009</b>		CITY-ST-ZIP	
TITLE <b>PR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRINCIVIL SAINTIL</b>		NAME	
STREET ADDRESS <b>727 SW 3RD AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HALLANDALE 33009</b>		CITY-ST-ZIP	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VERLAND DELISCA</b>		NAME	
STREET ADDRESS <b>727 SW 3RD AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HALLANDALE 33009</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	

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: **PRINCIVIL SAINTIL** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #