


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State


04-29-2005 90183 010 ***150.00

DOCUMENT # P01000002076 1. Entity Name HIGHLAND SUPERMARKET, INC.	
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Principal Place of Business 113 S MACDILL AVE, STE B TAMPA, FL 33609	Mailing Address 113 S MACDILL AVE, STE B TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE

50044884



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3696888	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

PARK, JUNG KYU
113 S MACDILL AVE, STE B
TAMPA, FL 33609

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, JUNG KYU 113 S MACDILL AVE, STE B TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, DO BAE 113 S MACDILL AVE #B TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, JONG SEOG 113 S MACDILL AVE #B TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, EUN HYE 113 S MACDILL AVE #B TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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:  **4/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #