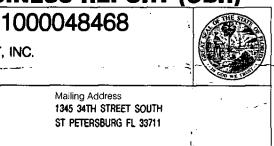
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000048468 **DOCUMENT #**

1. Entity Name

TOP QUALITY FOOD MARKET, INC.



FILED Apr 23, 2003 8:00 am Secretary of State
04-23-2003 90118 038 ***150.00

Principal Place of Business 1345 347H STREET SOUTH ST PETERSBURG FL 33711		Mailing Address 1345 34TH STREET SOUTH ST PETERSBURG FL 33711		60021563
2. Principal Place of Business		3. Mailing Address		T LEBOLICOL BY BOTHE 17815 COVIN MANY BANK MANY DISAN LOUNT MINE BUNG 1019 1000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat		City & State		4. FEI Number 59-3718304 Applied For Not Applicable
Zíp	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
			Name	
DURAN, PRESENCIO 1345 34TH STREET SOUTH			Street Addre	ss (P.O. Box Number is Not Acceptable)
ST PETER	SBURG FL 33711:		İ	
T ka	÷ N		City	FL 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 hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	P PRESENCIO, DURAN 6810 TWELVE OAKS BLVD TAMPA FL 33634	☐ Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 true employee 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 articless, with all other like empowered.

SIGNATURE:

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