## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000061467

Entity Name: VALUE MINIMART INCORPORATED

FILED Apr 04, 2007 Secretary of State

Entity Name: VALOE WIINIWART, INCO	FORATED		
Current Principal Place of Business:	New Principal Place	of Business:	
11866 WEST DIXIE HWY. NORTH MIAMI, FL 33161			
Current Mailing Address:	New Mailing Address	s:	
11866 WEST DIXIE HWY. NORTH MIAMI, FL 33161			
FEI Number: 65-1116824 FEI Number App	ied For ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registe	ed Agent: Name and Address o	Name and Address of New Registered Agent:	
PIERRE, MARC 11866 WEST DIXIE HWY. NORTH MIAMI, FL 33161 US			
The above named entity submits this state in the State of Florida.	ment for the purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of F	egistered Agent	Date	
Election Campaign Financing Trust Fund Contr	oution ( ).		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTOR	

Title: PVSD ( ) Delete Title: **PVSD** (X) Change ( ) Addition PIERRE, MARC PIERRE, MARC Name: Name: 14950 N. MIAMI AVE. 13251 MEMORIAL HWY APT # 19 Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33161 Title: **VPSD** () Delete Title: **VPSD** (X) Change ( ) Addition BASTIEN, ADELINE JOSEPH, PRINCE Name: Name: Address: 1050 NE 140 STREET Address: 11200 NE 13 AVE MIAMI, FL 33161 00 MIAMI, FL 33161 00 City-St-Zip: City-St-Zip:

Title: Title: SCSD ( ) Change (X) Addition () Delete Name: Name: BEAUGRIS, ANNE G

Address: Address: 50 NW 122 STREET City-St-Zip: City-St-Zip: MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC ELI PIERRE **PVSD** 04/04/2007