


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90562 036 ***150.00

DOCUMENT # P01000072591 1. Entity Name SUPERMARKETS "R" US, INC.			
Principal Place of Business 14848 ENCLAVE PRESERVE STE C-3 DELRAY BEACH, FL 33484		Mailing Address 14848 ENCLAVE PRESERVE STE C-3 DELRAY BEACH, FL 33484	
2. Principal Place of Business 4398 NW 27th Avenue		3. Mailing Address 4398 NW 27th Avenue	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33434		Zip 33434	
Country USA		Country USA	
6. Name and Address of Current Registered Agent LORING, ROBERT 14848 ENCLAVE PRESEVRE CIRCLE STE C-3 DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Loring, Robert Street Address, P.O. Box Number is Not Acceptable 4398 NW 27th Avenue City & State Boca Raton, FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LORING, ROBERT 14848 ENCLAVE PRESERVE CIR C-3 DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Loring Robert 4398 NW 27th Avenue Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 05/27/05 <small>Daytime Phone #</small>	