

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2006 8:00 am
Secretary of State**

04-17-2006 90337 033 ***150.00

DOCUMENT # P01000089478

1. Entity Name
STAR 1 GROCERY, INC.



Principal Place of Business
**4302 MONCRIEF ROAD WEST
JACKSONVILLE, FL 32209**

Mailing Address
**C/O JOHN P STEVENS, CPA
8382 BAYMEADOWS ROAD #2
JACKSONVILLE, FL 32256**



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1801552	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

**STEVENS, JOHN P CPA
8382 BAYMEADOWS RD STE 2
JACKSONVILLE, FL 32256**

**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 HEE MAN. CHOI [Signature] 4/10/06
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CHOI, HEE M
STREET ADDRESS	8844 BRIGHTON HILL CIR E
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: [Signature] STAR 1 GROCERY INC. 5/4/06 904 764 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HEE MAN. CHOI