


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91838 045 \*\*\*150.00

<b>DOCUMENT #</b> P01000089478	
<b>1. Entity Name</b>	
STAR 1 GROCERY, INC.	

**DO NOT WRITE IN THIS SPACE**

**70050956**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
4302 MONCRIEF ROAD WEST		4302 MONCRIEF ROAD WEST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
JACKSONVILLE, FLORIDA		JACKSONVILLE, FLORIDA	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
32209	USA	32209	USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>Applied For</b>
31-1801552		Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b>	
	JOHN P. STEVENS, CPA	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
8382 BAYMEADOWS ROAD, SUITE 2		
<b>City</b>		<b>Zip Code</b>
JACKSONVILLE, FL		32256

**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** JOHN P. STEVENS, CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 24, 2003

DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
	DPST CHOI, HEE M. 8844 BRIGHTON HILL CIRCLE E. JACKSONVILLE, FLORIDA 32256		

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** HEE M. CHOI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2003 (904)764-1200

Date

Daytime Phone #

CR2E034B (12/02)