


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000122409</b>	
<b>1. Entity Name</b> PLAZA TROPICAL SUPERMARKET, INC.	

<b>Principal Place of Business</b> 643 LANCASTER RD ORLANDO, FL 32809 US	<b>Mailing Address</b> 166 ACAPULCO DR KISSIMMEE, FL 34743 US
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04252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FE# Number</b> 47-0847066	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  ABRAHAM, DAYS 166 ACAPULCO DR KISSIMMEE, FL 34743
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

<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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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P	<b>NAME</b> ABRAHAM, DAYS
<b>STREET ADDRESS</b> 166 ACAPULCO DR	<b>CITY - ST - ZIP</b> KISSIMMEE, FL 34743
<b>TITLE</b> VP	<b>NAME</b> ABRAHAM, ANDRES Y
<b>STREET ADDRESS</b> 166 ACAPULCO DRP	<b>CITY - ST - ZIP</b> KISSIMMEE, FL 34743
<b>TITLE</b> ST	<b>NAME</b> ROSA LA DE, LUIS
<b>STREET ADDRESS</b> 111 TOLUCA AVE	<b>CITY - ST - ZIP</b> KISSIMMEE, FL 34743
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP

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04/28/04-80031-023 150.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Shirley Abreha President 4/25/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #