



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90319 013 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000122409</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</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>47-0847066</b>	
				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				7. Name and Address of New Registered Agent	
<b>ABRAHAM, DAYSI 166 ACAPULCO DR KISSIMMEE, FL 34743</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D ABRAHAM, DAYSI <input checked="" type="checkbox"/> Delete				
NAME	166 ACAPULCO DR				
STREET ADDRESS	KISSIMMEE, FL 34743				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P ABRAHAM, DAYSI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	166 ACAPULCO DR				
STREET ADDRESS	KISSIMMEE, FL 34743				
CITY-ST-ZIP					
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	ANDRES Y ABRAHAM				
STREET ADDRESS	166 ACAPULCO DRP				
CITY-ST-ZIP	KISSIMMEE, FL 34743				
TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	LUIS DE LA ROSA				
STREET ADDRESS	111 TOLUCA AVE				
CITY-ST-ZIP	KISSIMMEE, FL 34743				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  4/27/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/02)