

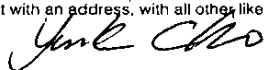


04-28-2008 90358 015 ***150.00

DOCUMENT # P02000027050		04-28-2008 90358 015 ***150.00	
1. Entity Name PARK STREET FOODSTORE, INC.			
Principal Place of Business 8239 46TH AVENUE NORTH ST. PETERSBURG, FL 33709		Mailing Address 8239 46TH AVENUE NORTH ST. PETERSBURG, FL 33709	
DO NOT WRITE IN THIS SPACE			
		04182008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 41-2039972	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHO, YUN-KYUNG 8239 46TH AVENUE NORTH ST. PETERSBURG, FL 33709		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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHO, YUN-KYUNG 8239 46TH AVENUE NORTH ST. PETERSBURG, FL 33709		
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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: 		4-23-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	