

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049776

Entity Name: STAR SUPERMARKET, INC.

FILED  
May 10, 2007  
Secretary of State

## Current Principal Place of Business:

12805 NW 42 AVE  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD. SUITE 240  
MIAMI, FL 33134

## New Mailing Address:

2121 PONCE DE LEON BLVD  
STE  
CORAL GABLES, FL 33134

FEI Number: 55-0838560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD. - SUITE 240  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO PA  
2121 PONCE DE LEON BLVD.  
STE 240  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL PRATS

05/10/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MEDINA, DELIO I  
Address: 600 NORTH ISLAND  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: DS ( ) Delete  
Name: ACOSTA, HUGO  
Address: 13020 MAR ST  
City-St-Zip: CORAL GABLES, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: ACOSTA, HUGO  
Address: 14960 EGAN LANE  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELIO MEDINA

DP

05/10/2007

Electronic Signature of Signing Officer or Director

Date