


**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P02000075076</b>			
1. Entity Name <b>J.J. FAMILY SUPERMARKETS INC.</b>			
Principal Place of Business <b>5101 TURNPIKE SEEDER ROAD FORT PIERCE, FL 34951</b>		Mailing Address <b>5101 TURNPIKE SEEDER ROAD FORT PIERCE, FL 34951</b>	
2. Principal Place of Business		3. Mailing Address	
State Apt # etc		State Apt # etc	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>04292004</b>		<b>Chg-P CR2E034 (10/03)</b>	
4. FEI Number <b>27-0023685</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ETAYEM, YASER 5101 TURNPIKE SEEDER ROAD FORT PIERCE, FL 34951</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>(Signature typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when not signing.)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)</b>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete <b>D ETAYEM, YASER 5101 TURNPIKE SEEDER ROAD FORT PIERCE, FL 34951</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000146208 15/03/04-80056-006 150.00</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 in an attachment, with an address, with all other like empowered.			
SIGNATURE: _____		<b>4/25/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	