


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000086871 1. Entity Name SUPER ORIENTAL MARKET, INC.	
---	---

Principal Place of Business 2100 E. COLONIAL DR. ORLANDO, FL 32803	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803
--	---

DO NOT WRITE IN THIS SPACE

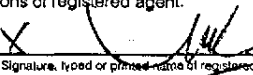


02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2065893	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

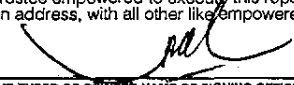
6. Name and Address of Current Registered Agent HIU, JIMMY 2100 E. COLONIAL DR. ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 <u>X</u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>May 19/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P HIU, JIMMY 2100 E. COLONIAL DR. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LY, LOANNA 2100 E. COLONIAL DR. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U000000267006
03/17/05-80052-016 150.00

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: <u>X</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____