


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90441 016 \*\*\*150.00

**DOCUMENT # P02000105818**

1. Entity Name  
**REID'S MARKET, INC.**



Principal Place of Business  
**5820 N.W. 12TH AVENUE  
 MIAMI, FL 33142**

Mailing Address  
**1280 N W 56TH ST  
 MIAMI, FL 33142**

**50016061**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REID, ANN**  
**1280 N.W. 56TH STREET**  
**MIAMI, FL 33142**

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 *Emanuel Reid* DATE **4/20/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

T  Delete  
 TITLE NAME  
**REID, EMANUEL A JR**  
 STREET ADDRESS  
**1280 N.W. 56TH STREET**  
 CITY - ST - ZIP  
**MIAMI, FL 33142**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

V  Delete  
 TITLE NAME  
**REID, ANN M**  
 STREET ADDRESS  
**1280 N.W. 56TH STREET**  
 CITY - ST - ZIP  
**MIAMI, FL 33142**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

S  Delete  
 TITLE NAME  
**REID, CHIANTA**  
 STREET ADDRESS  
**1280 N.W. 56TH STREET**  
 CITY - ST - ZIP  
**MIAMI, FL 33142**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

P  Delete  
 TITLE NAME  
**REID, EMANUEL A SR**  
 STREET ADDRESS  
**1280 N.W. 56TH AVENUE**  
 CITY - ST - ZIP  
**MIAMI, FL 33142**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Delete  
 TITLE NAME  
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 TITLE NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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: *Emanuel Reid* Date **4/20/06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR