
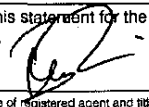



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90224 050 \*\*\*150.00

<b>DOCUMENT # P02000124198</b> 1. Entity Name <b>EXPRESS SUPERMARKET, INC.</b>					
Principal Place of Business <b>45 WEST 6TH STREET HIALEAH, FL 33010</b>			Mailing Address <b>45 WEST 6TH STREET HIALEAH, FL 33010</b>		
2. Principal Place of Business <b>4960 SW 72nd Ave</b>		3. Mailing Address <b>4960 SW 72nd Ave</b>			
Suite, Apt. #, etc. <b>400</b>		Suite, Apt. #, etc. <b>400</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>82-0574791</b>	
Zip <b>33155</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent --  <b>ARMSTRONG, JANA L ESQ. 4960 72ND AVE. SUITE 400 MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent -- Name <b>Reynaldo DIAZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>4960 SW 72nd Ave #400</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33155</b>		
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 <b>4/12/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIAZ, REYNALDO 45 WEST 6TH STREET HIALEAH, FL 33010 <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	VD RODRIGUEZ, RUBEN 45 WEST 6TH STREET HIALEAH, FL 33010 <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	
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)(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:  <b>4/12/04</b> <b>305-666-0909</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					