, 2004 FOR PROFIT CORPORATION . ANNIIAI DEDART (AR)

	MINUAL	LFON: (AN	<u>, </u>			
DOCUMENT # P02000127513 -					FILED	
VALERIE'S FOOD MART, INC.					04 MAR 17 AM 9: 43	
Principal Plac	e of Business	Mailing Address	 		SECRE ARY OF STATE (* TAULAHASUFE, FLORIDA	
Principal Place of Business Mailing Address 798-NE-98TH STREET -798-NE-98TH STREET				İ	TALLAHASSEE, FLORIDA	
MIAMI SHORES FL:33138 MIAMI SHORES FL 33138						
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D. D. Cord Div. (D. Cord						
2. Principal Place of Business 3. Mailing Address 7646 BISCAYNEBUY 7646 BISCAYNEBUY				BCUN		
Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE OFFICE (11/02) All	
<u> </u>				j	MOORE CR2E034 (11/03)	
City & Stat	ui, FC	City & State MIAMI, FL		4.	FEI Number 02-0654680 Applied For Not Applicable	
^{Zip} 313		^{Zip} 33/38	Country US A		. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
JAIMES ROGELIO E				= DW	IN BORKERD	
798 NE 98TH STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)		
MIA	MI SHORES FL 33138		1	16 /-	J13 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			City M	LAMI	FL Zp Code 3 R	
8. The above named entire 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 A SIGNATURE SIGN						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND		11.	Δ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	Delete	TITLE	DITI	S/D % Change Addition	
NAME	JAIMES, ROGELIO	,	NAME	ENU	VIN BORKERD BISCAYNE BLVD MI, FL 33138	
STREET ADDRESS	798 NE 98TH STREET		STREET ADDRESS	7646	BISCAYNE BLUD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	 	CITY-ST-ZIP	MIA	MI, FL 33138	
TITLE	VSD	🔀 Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	RIVERA, MERCEDES I 798 NE 98TH STREET		NAME STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 33138		CITY-ST-ZIP		•	
मार्ट 🥕		☐ Delete	TITLE		900030932435 Change	
NAME			NAME- * ·	- J	900030932435 Change □ Addition 03/23/04-01070-014 **150.00 - ,	
STATET ADDRESS	•		STREET ADDRESS			
CĪTY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			name Street address			
CITY-ST-ZIP	ļ		CITY-ST-ZIP			
TITLE			TITLE		☐ Change ☐ Addition	
NAME		☐ Delete				
ł i		LI Delete	NAME			
STREET ADDRESS		∟ Delete	NAME STREET ADDRESS		.	
CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE		Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE		Change Addition	
CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE NAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the information supplied with	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed in Sectio	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the information supplied with on this report or supplemental report is rporation or the receiver of trusted emo	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	led in Sectio ave the sam apter 607. Fic	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the information supplied with on this report or supplemental report is reportation or the receiver of trusted emo, or on an attachment of the read of the supplemental of the read of the supplemental of the supplem	Delete this filing does not qualify for study and accurate and that reversed to execute this report	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stall has required by Cha	ave the sam opter 607, Flo	Change Addition on 119.07(3)(i), Florida Statutes. I further certify that the information he legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 10 or Block 11 if	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	d on this report or supplemental report is reportation or the receiver of trusted emot, or on an attachment of the particles.	Delete this filing does not qualify for study and accurate and that reversed to execute this report	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stall has required by Cha	ave the sam opter 607, Flo	Change Addition	