


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90008 012 ***150.00

DOCUMENT # P04000096870 1. Entity Name MIKASA SUPERMARKET, INC.	
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Principal Place of Business 2978-2980 NW 7 STREET MIAMI, FL 33125	Mailing Address 3601 SW 95 AVE MIAMI, FL 33165
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2. Principal Place of Business - No P.O. Box # 2980 NW 7 STREET	3. Mailing Address 2980 NW 7 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip 33125 Country USA	Zip 33125 Country USA

03012007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LODOS, MAILYN 3601 SW 95 AVE MIAMI, FL 33165	7. Name and Address of New Registered Agent Name FERNANDO CHECA Street Address (P.O. Box Number is Not Acceptable) 2980 NW 7 STREET City MIAMI FL Zip 33125
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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: **X FERNANDO CHECA** **FERNANDO CHECA** **3-1-07**
Signed, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LODOS, MAILYN 2978-2980 NW 7 ST MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FERNANDO CHECA 2980 NW 7 STREET MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" 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
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 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: **X FERNANDO CHECA** **FERNANDO CHECA** **3-1-07 (305) 431-2373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #