2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/28/2005-90210-013-$150.00-$150.00 *
8/22/2005-90065-001-$150.00-$150.00 *
8/22/2005-90065-002-$400.00-$400.00

FILED
05 OCT 10 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000124172

1. Entity Name
BAY'S QUALITY GROCERY, CORP.

Principal Place of Business	Mailing Address
945 N.W. 104ST MIAMI, FL 33150	945 N.W. 104ST MIAMI, FL 33150

07272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10690 NW 7th Ave	10690 NW 7th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami Fl.
Zip: 33150 Country: U.S.A	Zip: 33150 Country: U.S.A

4. FEI Number: 30-0298219 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, MONICA H
13424 ASWAN RD
OPALOCKA, FL 33054

7. Name and Address of New Registered Agent

Name: Reginald Holsey
Street Address (P.O. Box Number is Not Acceptable): 10690 NW 7th ave.
City: Miami FL Zip Code: 33150

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS PATTERSON, MONICA H 13424 ASWAN RD OPALOCKA, FL 33054 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Reginald Holsey P.T.S. 10690 NW 7 Ave Miami, Fl. 33150 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Reginald Holsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/16/05 Daytime Phone #: 305 756-9939