


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90444 001 ***300.00

DOCUMENT # P05000081400	
1. Entity Name MCK ART DECO SUPERMARKET, INC.	

Principal Place of Business 2375 MAGNOLIA DR N MIAMI, FL 33181	Mailing Address 2375 MAGNOLIA DR N MIAMI, FL 33181
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66011138

2. Principal Place of Business - No P.O. Box # 21313 SW 129 PL.	3. Mailing Address 21313 SW 129 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL.	City & State Miami FL.
Zip 33177	Country USA

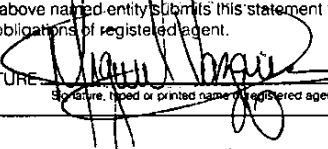


04052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent VAZQUEZ, MIGUEL 2375 MAGNOLIA DR N MIAMI, FL 33181	
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4. FEI Number 35-2256983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Miguel Vazquez Street Address (P.O. Box Number is Not Acceptable) 21313 SW 129 PL. City Miami FL Zip Code 33177	
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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: 	Miguel Vazquez, Registered Agent and Secretary 4/19/2007
(NOTE: Registered Agent signature required when reinstating)	

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 VAZQUEZ, CAMILLE 2375 MAGNOLIA DR N MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Camille Vazquez 21313 SW 129 PL. Miami, FL. 33177 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAZQUEZ, MIGUEL 2375 MAGNOLIA DR N MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Miguel Vazquez 21313 SW 129 PL. Miami, FL. 33177 <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.	
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SIGNATURE: 	Secretary	Date 4-19-2007.
(NOTE: Signature and typed or printed name of signing officer or director)		Daytime Phone #

305-251-9979