2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # P05000093060** 04-27-2006 90199 037 ***150.00 MILLER'S GROCERY MARKET, INC. Principal Place of Business Mailing Address 420 9TH AVE W 420 9TH AVE W BRADENTON, FL 34205 BRADENTON, FL 34205 2.. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State <u> 20 - 307/68</u> ō Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHOI BoNG SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. Avenue 4TH FLOOR MIAMI, FL 33145. Zip Code 420. City S:-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 Signature, typed of printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Change ☐ Addition TITLE Delete TITLE CHOL BONG A NAME NAME STREET ADDRESS STREET ADDRESS 420 9TH AVE W CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #