2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026631

Address: City-St-Zip: FILED Apr 04, 2009 Secretary of State

Entity Nan	ne: DISCOL	JNT FOOD DEPOT SI	JPER MARKET IN	C			
Current Principal Place of Business:				New Principal Place of Business:			
2727 BAYS							
NAPLES, F				Na 84-111-			
Current Wi	ailing Addr	ess:		New Mailir	ng Addres:	5:	
111	SHORE DR.						
NAPLES, F	L 34112						
FEI Number: 26-0897890 FEI Number Applied For () FE			For () FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ROSICLAIR, LUSUIS 5321 WARREN ST. NAPLES, FL 34113 US				MATHIEU, VLADIMIR J 1970 OAKES BLVD NAPLES, FL 34119 US			
The above in the State		y submits this stateme	nt for the purpose o	f changing it	s registere	d office or registered agent, or both,	
SIGNATURE: VLADIMIR MATHIEU				04/04/2009			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financi	ng Trust Fund Contributi	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ROSICLAIR, 5321 WARRE NAPLES, FL	EN ST		Title: Name: Address: City-St-Zip:	VP MATHIEU, V 1970 OAKE: NAPLES, FL	S BLVD	
Title: Name: Address: City-St-Zip:	VP (ETIENNE, LU 5321 WARRE NAPLES, FL	EN ST		Title: Name: Address: City-St-Zip:	P ETIENNE, LI 5321 WARR NAPLES, FL	REN ST	
Title: Name:	(() Delete		Title: Name:	VP ROSICLAIR	() Change (X) Addition , LYCIUS	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

5321 WARREN ST

NAPLES, FL 34113

SIGNATURE: LUCKNER ETIENNE P 04/04/2009