2004 FOR PROFIT CORPORATION

Mar 29, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P92000008350 CENTURY SUPERMARKET D & C, INC. Mailing Address Principal Place of Business 2300 CORAL WAY 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 SUITE 200 MIAMI, FL 33145 CR2E034 (10/03) 02072004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0393086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC DO NOT WRITE 2300 CORAL WAY SUITE 200 IN THIS SPACE MIAMI, FL 33145 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 profilered agent, AMADA CANTERA nt and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS - PVD THE CRUZ, DANIEL STREET ADDRESS 330 N.W. 136 AVENUE U00000097516 03/29/04-80004-003 150.00 CITY-ST-ZIP MIAMI, FL 33182 BBE NAME MOLINA, MIGUEL STREET ADDRESS 14976 SW 60TH STREET MIAMI, FL 33193 CITY-ST-ZIP TITLE COLLADO, MAXIMO NAME STREET ADDRESS 4470 N.W. 207 DR. DO NOT WRITE CITY-ST-ZIP OPA LOCKA, FL 33055 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

tion 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 of smeltal 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 for controlled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if withy any address, with all other tike empowered. 12. I hereby certify that the informindicated on this report or sur of the corporation or the changed, or on an attact

SIGNATURE:

CITY - ST - ZIP mle NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED