2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P94000086175** 04-27-2005 90295 006 ***150.00 1. Entity Name F.C.L. SUPERMARKET, INC. Principal Place of Business Mailing Address 1910 SW 1ST STREET 1910 SW 1ST STREET MIAMI, FL MIAMI, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02032005 Chg-P City & State City & State 4. FEI Number Applied For 65-0537103 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired__ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEUNG, MAN YIU Street Address (P.O. Box Number is Not Acceptable) 1910 SW 1ST STREET MIAMI, FL City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition 101.8 TITLE ☐ Delete FUNG, YUET K NAME NAME 1910 SW 1ST STREET STREET ADDRESS STREET ADDRESS CHY-ST-ZIP MIAMI, FL CITY-SE-ZIP TITLE ☐ Defete ☐ Change ☐ Addition INTE NAME NG, MING WAH 1910 SW 1ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP 1171.8 TITLE ☐ Change Addition Detete NAME NAME STREET ADDRESS STREET ADDRESS City St - ZIP City-ST-7IP ☐ Chance ☐ Addition TOLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS City-St-2iP CITY- ST - ZIP Change [7] Addition TITLE Delete TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY+ST-7IP 12. Thereby certify that the information supplied with this filling 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 early, 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 a address, with all other like empowered. 4-20-05

FILED

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