2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000008413

City-St-Zip:

WESTON, FL 33327

FILED Mar 04, 2005 Secretary of State

Entity Nai	me: TOTAL PL	.US SUPERMARKET, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7777 N.W. 17TH AVE. MIAMI, FL 33147			13751 NW 21 ST PEMBROKE PINES, I	13751 NW 21 ST PEMBROKE PINES, FL 33028	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
7777 N.W. MIAMI, FL	17TH AVE. 33147		13751 NW 21 ST PEMBROKE PINES, I	FL 33028	
FEI Number:	: 65-0553246	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
URENA, MIGUEL A 7777 N.W. 17TH AVE. MIAMI, FL 33147 US			URENA, MIGUEL A 13751 NW 21 ST PEMBROKE PINES, F		
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: MIGUEL URENA				03/04/2005	
	Electron	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () COLLADO, MAR 13751 NW 21ST PEMBROKE PIN	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () URENA, MIGUE 13751 NW 21ST PEMBROKE PIN	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD () URENA, JOSE L 930 WINDWARI		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: MARIA COLLADO PD 03/04/2005