

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000053532

1. Entity Name

NADIA SUPERMARKET, INC.

**FILED
Mar 25, 2004 8:00 am
Secretary of State**

03-25-2004 90022 019 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2350 W 60 ST Suite, Apt. #, etc.	3. Mailing Address 2350 W 60 ST Suite, Apt. #, etc.
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City & State HIALEAH, FL	City & State HIALEAH, FL	4. FEI Number 65-0679141	Applied For <input type="checkbox"/>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	Applied For <input type="checkbox"/>
Name	Not Applicable
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAKHLIH, MUSTAFA A. 7569 WEST 33 LANE HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information 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 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 11 or on an attachment with an address, with all other like empowered.

Mustafa Nakhliah

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pros

03/15/04 (305) 826-5333

Date

Daytime Phone #