2006 FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2006 08:00 AM Secretary of State

Daytime Phone #

1. Entity Nam	OCUMENT # P98000072470 Entity Name DELI PLUS GROCERY, INC.			Secretary of State			
Principal Place of Business 4820 E BUSCH BLVD TAMPA, FL 33617 Mailing Address 4820 E BUSCH BLVD TAMPA, FL 33617				1 1884 1881 1			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01182006 4. FEI Numb 59-352	No Chg-P		oplied For of Applicable ditional
MUNOZ, A 4820 E BU TAMPA, F	NTONIO SCH BLVD	DO NOT WRITE IN THIS SPACE					
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 of applicable (NOTE. Registered Agent signature required when reinstating) DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		.00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNEZ, ANTONIO 4820 E BUSCH BLVD TAMPA, FL 33617		emotions contained	IN '	NOT W THIS SF	PACE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							