

## ANNUAL REPORT

DOCUMENT # P98000077523

1. Entity Name

FOOD STAR SUPERMARKET, INC.



**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

10131 SW 4 STREET  
MIAMI, FL 33174

Mailing Address

10131 SW 4 STREET  
MIAMI, FL 33174**DO NOT WRITE IN THIS SPACE**

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0872016

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MARQUEZ & FERNANDEZ, P.A.  
782 NW LEJEUNE ROAD, STE. 548  
MIAMI, FL 33126**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 if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, DIOSDADO
STREET ADDRESS	10131 SW 4 STREET
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/05 SW 63787410