
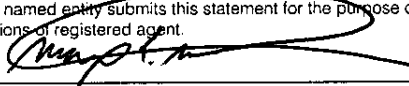



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90058 001 \*\*\*300.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P98000103503</b><br>1. Entity Name<br><b>A.M.T. SUPERMARKETS, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>2969 SW 32 AVE<br/>MIAMI, FL 33133</b>  |   |   | Mailing Address<br><b>11 N ROYAL POINCIANA BLVD<br/>STE 100<br/>MIAMI, FL 33166</b>  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  |  |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br><b>65-0884907</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MARQUEZ, JOSE M. ESQ.<br/>782 N.W. LEJEUNE ROAD<br/>SUITE 548<br/>MIAMI, FL 33126</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Max Milan</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>11 N. Royal Poinciana Blvd.</b><br>Suite <b>100</b><br>City <b>miami Springs</b> <b>FL</b> Zip Code <b>33166</b> |  |  |
| 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.<br>SIGNATURE  <span style="float: right;">3/12/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MILAM, ALLEN R<br>18001 SW 55TH STREET<br>FT LAUDERDALE, FL 33331 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11 N. Royal Poinciana Blvd #100<br/>miami Springs, FL 33166</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MILAM, MICHAEL S<br>2571 JARDIN COURT<br>WESTON, FL 33327         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11 N. Royal Poinciana Blvd #100<br/>miami Springs, FL 33166</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>DIXON, MARIE M<br>15854 SW 143RD PLACE<br>MIAMI, FL 33177         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11 N. Royal Poinciana Blvd #100<br/>miami Springs, FL 33166</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MILAM, MAX E<br>1480 SW 155 AVE<br>DAVIE, FL 33326                | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11 N. Royal Poinciana Blvd #100<br/>miami Springs, FL 33166</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |  |  |
| SIGNATURE:  <b>Marie Milan Dixon</b> <span style="float: right;">3/12/04 305-884-4870</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ext 229</small>   |   |   |  |  |  |

66406232



03042004 Chg-P CR2E034 (10/03)

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MILAM, ALLEN R  
18001 SW 55TH STREET  
FT LAUDERDALE, FL 33331

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11 N. Royal Poinciana Blvd #100  
miami Springs, FL 33166**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
MILAM, MICHAEL S  
2571 JARDIN COURT  
WESTON, FL 33327

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11 N. Royal Poinciana Blvd #100  
miami Springs, FL 33166**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
DIXON, MARIE M  
15854 SW 143RD PLACE  
MIAMI, FL 33177

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11 N. Royal Poinciana Blvd #100  
miami Springs, FL 33166**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
MILAM, MAX E  
1480 SW 155 AVE  
DAVIE, FL 33326

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11 N. Royal Poinciana Blvd #100  
miami Springs, FL 33166**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Marie Milan Dixon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # ext 229