2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103503

Address:

City-St-Zip:

Entity Name: A.M.T. SUPERMARKETS, INC.

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2969 SW 32 AVE MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 11 N ROYAL POINCIANA BLVD 11 N ROYAL POINCIANA BLVD STE 100 STE 100 MIAMI, FL 33166 MIAMI SPRINGS, FL 33166 FEI Number: 65-0884907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MILAM, MAX MIALN, MAX 11 N ROYAL POINCIANA BLVD. 11 N ROYAL POINCIANA BLVD. STE. 100 STE. 100 MIAMI, FL 33166 US MIAMI SPRINGS, FL 33166 US 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: MAX MILAM 02/16/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MILAM, ALLEN R Name: Name: 11 N ROYAL POINCIANA BLVD., #100 Address: Address: City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MILAM, MICHAEL S Name: 11 N ROYAL POINCIANA BLVD., #100 Address: Address: MIAMI SPRINGS, FL 33166 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DIXON, MARIE M Name: Name: 11 N ROYAL POINCIANA BLVD., #100 Address: Address: City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: Title: VD () Delete Title: () Change () Addition MILAM, MAX E Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARIE MILAM DIXON ST 02/16/2005

11 N ROYAL POINCIANA BLVD., #100

MIAMI SPRINGS, FL 33166