

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90429 032 ***158.75

DOCUMENT # P99000004541		
1. Entity Name U.S. PINOY FOOD MART, INC.		

Principal Place of Business		Mailing Address	
11757-3 BEACH BLVD. JACKSONVILLE, FL 32246		11757-3 BEACH BLVD. JACKSONVILLE, FL 32246	

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

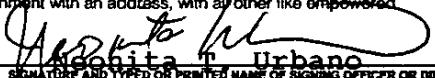
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
URBANO, NEONITA 8353 WHITMIRE COURT JACKSONVILLE, FL 32216		Name URBANO, NEONITA <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2513 Glade Springs Dr.	
		City Jacksonville FL Zip Code 32246	

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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PS URBANO, PLACIDO 2513 GLADE SPRING RD. JACKSONVILLE, FL 32246		<input checked="" type="checkbox"/> Delete		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PVSTD Urbano, Neonita 2513 Glade Springs Dr Jacksonville, FL 32246		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-28-06** Daytime Phone # **(904) 642-9821**