

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 18, 2009  
Secretary of State**

DOCUMENT# P99000010461

Entity Name: ADOLPH'S SUPERMARKETS, INC.

**Current Principal Place of Business:**

63 NE 73RD ST.  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

63 NE 73RD ST.  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 65-0890275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADRAS, ADOLPHE  
271 NE 54 ST  
MIAMI, FL 33138    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADRAS, ADOLPHE  
Address: 271 NE 54TH ST.  
City-St-Zip: MIAMI, FL 33138

Title: VD ( ) Delete  
Name: ST. FLEUR, GINETTE  
Address: 271 NE 54TH ST.  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ADOLPHE ADRAS

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05/18/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date