

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049992

FILED
Apr 06, 2005
Secretary of State

Entity Name: MASTER FOOD STAR SUPERMARKET, INC.

Current Principal Place of Business:

C/O 782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

New Principal Place of Business:

6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005

Current Mailing Address:

C/O 782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

New Mailing Address:

6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005

FEI Number: 65-0929862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ & MARCELO-ROBAINA PA
LEJEUNE CENTER SUITE 548
782 NW LEJEUNE RD
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MARQUEZ & MARCELO-ROBAINA PA
6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005 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: JOSE M. MARQUEZ

04/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEDINA, DELIO I
Address: C/O 782 NW LEJEUNE ROAD - SUITE 548
City-St-Zip: MIAMI, FL 33126

Title: DS () Delete
Name: ACOSTA, HUGO
Address: C/O 782 NW LEJEUNE ROAD - SUITE 548
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEDINA, DELIO I
Address: 6303 BLUE LAGOON DRIVE-SUITE 390
City-St-Zip: MIAMI, FL 331266005

Title: DS (X) Change () Addition
Name: ACOSTA, HUGO
Address: 6303 BLUE LAGOON DRIVE-SUITE 390
City-St-Zip: MIAMI, FL 331266005

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.

SIGNATURE: DELIO MEDINA

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date