2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049992

Entity Name: MASTER FOOD STAR SUPERMARKET, INC.

FILED Aug 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6303 BLUE LAGOON DRIVE 12805 NW. 42 AVENUE SUITE 390 OPA LOCKA, FL 33054 MIAMI, FL 331266005

Current Mailing Address: New Mailing Address:

6303 BLUE LAGOON DRIVE 2121 PONCE DE LEON BLVD SUITE 390 STE 240 CORAL GABLES, FL 33134

FEI Number: 65-0929862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MARQUEZ & MARCELO-ROBAINA PA
6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005 US

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
STE 240
CORAL GABLES, FL 33134 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: GABRIEL PRATS 08/01/2006

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 MEDINA, DELIO I
 Name:
 MEDINA, DELIO I

 Address:
 6303 BLUE LAGOON DRIVE-SUITE 390
 Address:
 12805 NW. 42 AVE.

 City-St-Zip:
 MIAMI, FL 331266005
 City-St-Zip:
 OPA LOCKA, FL 33054

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 ACOSTA, HUGO
 Name:
 ACOSTA, HUGO

 Address:
 6303 BLUE LAGOON DRIVE-SUITE 390
 Address:
 12805 NW. 42 AVENUE

 City-St-Zip:
 MIAMI, FL 331266005
 City-St-Zip:
 OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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: DELIO MEDINA DP 08/01/2006