


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 022 ***150.00

DOCUMENT # P93000036369
 1. Entity Name
 OAKFIELD GROCERY N. P., INC.



Principal Place of Business
 6680 NORTH PALAFOX ST.
 PENSACOLA, FL 32503

Mailing Address
 6680 NORTH PALAFOX ST.
 PENSACOLA, FL 32503

24019279

DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3181497

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHAM, TRUONG
 6680 NORTH PALAFOX ST
 PENSACOLA, FL 32503

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHAM, TRUONG
STREET ADDRESS	2905 LOGAN DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	NGUYEN, THOA
STREET ADDRESS	2905 LOGAN DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	NGUYEN, QUANG
STREET ADDRESS	238 CREEK VIEW DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	PHAM, TOAN
STREET ADDRESS	238 CREEK VIEW DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Truong V. Pham TRUONG V. PHAM Date 2/26/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 478-9586