


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90011 005 ***150.00

DOCUMENT # M75772

1. Entity Name
A & A WEST INDIAN GROCERIES, INC.



Principal Place of Business Mailing Address

1210 SARAH LANE 1210 SARAH LANE
 LONGWOOD FL 32750 LONGWOOD FL 32750
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

5165 FORSYTH COMM RD *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

ORLANDO FL *Same*

City & State City & State

1st MOORE CR2E034 (10/06)

Zip Country Zip Country

32807 **USA** *Same* *Same*

4. FEI Number Applied For

59-2995305 Not Applicable

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

6. Name and Address of Current Registered Agent

ASSIM, MOHAMED
1210 SARAH AVENUE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 **B. A. Assim** *[Signature]* **3-23-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State



9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	ASSIM, MOHAMED A.	2800 ASHTON TERR	OVIEDO FL 32765	<input type="checkbox"/>
VPD	ASSIM, BIBI A	2800 ASHTON TERR	OVIEDO FL 32765	<input type="checkbox"/>
S	ALLI, ABDUL	3624 STONEFIELD DRIVE	ORLANDO FL 32826	<input type="checkbox"/>
S	ALLI, ANGELA	3624 STONEFIELD DR	ORLANDO FL 32826	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* **B.A. ASSIM VP** **3-23-07** **4072823200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #