

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75772

FILED  
Apr 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

5165 FORSYTH COMM RD  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

1210 SARAH LANE  
LONGWOOD, FL 32750 US

**New Mailing Address:**

FEI Number: 59-2995305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ASSIM, MOHAMED  
1210 SARAH AVENUE  
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ASSIM, MOHAMED A.,  
Address: 2800 ASHTON TERR  
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete  
Name: ASSIM, BIBI A  
Address: 2800 ASHTON TERR  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: ALLI, ABDUL  
Address: 3624 STONEFIELD DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: S ( ) Delete  
Name: ALLI, ANGELA  
Address: 3624 STONEFIELD DR  
City-St-Zip: ORLANDO, FL 32826

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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

Title: T ( ) Change (X) Addition  
Name: ASSIM, RICHARD  
Address: 2951 LAGOON COVE  
City-St-Zip: OVIEDO, FL 32765

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: MOHAMED ASSIM

Electronic Signature of Signing Officer or Director

PRES

04/29/2008

\_\_\_\_\_ Date