


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000152906**  
 1. Entity Name  
**ARCADIA GROCERY, INC.**



Principal Place of Business 2829 N.W. HWY 70 ARCADIA, FL 34266 US	Mailing Address 2829 N.W. HWY 70 ARCADIA, FL 34266 US
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1860070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SOOD, SANJAY**  
 3556 S.W. 173 WAY  
 PEMBROKE PINES, FL 33029

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOOD, SANJAY 3556 S.W. 173 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UDDIN, MOHAMMED J 15570 N.W. 12 PLACE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABEDIN, MD Z 632 ROYALTY COURT KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HOSSAIN, MOHAMMED 505 ELDRIDGE PLACE POINCIANA, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000697610  
 04/18/07-80047-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **SANJAY SOOD (PRESIDENT)** 2/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #