


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 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**



02192008 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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**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:** Mohammed Uddin 3-10-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Mohammed Uddin*