


FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90047 038 ***155.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000083778 1. Entity Name EL SHADDAY SUPERSTORE, INC.			
Principal Place of Business 3840 NW 78TH TERRACE CORAL SPRINGS, FL 33065		Mailing Address 3840 NW 78TH TERRACE CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 6720 NW 23 street		3. Mailing Address 6720 NW 23 street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs		City & State Coral Springs	
Zip 33063	Country U.S.	Zip 33063	Country U.S.
6. Name and Address of Current Registered Agent BENJAMIN, FEDLINE 3840 NW 78TH TERRACE CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Karoussse Narcisse Street Address (P.O. Box Number is Not Acceptable) 6720 NW 23 street City Margate FL Zip Code 33063	
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: Karoussse Narcisse DATE: 3-19-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	Karoussse Narcisse <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN, FEDLINE	NAME	Karoussse Narcisse
STREET ADDRESS	3840 NW 78TH TERRACE	STREET ADDRESS	6720 NW 23 street
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	Margate FL 33063
TITLE	S	TITLE	Antonetti Limapp <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIMOSE, NADAB	NAME	Antonetti Limapp
STREET ADDRESS	3840 NW 78TH TERRACE	STREET ADDRESS	6720 NW 23 street
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	Margate FL 33063
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: Karoussse Narcisse		Date: 3-19-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number Applied For Not Applicable

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