2006 FOR PROFIT CORPORATION ANNUAL REPORT (A)

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # S61406 02-02-2006 90076 001 ***150.00 1. Entity Name 4-YOU FOOD STORES, INC. Principal Place of Business Mailing Address 3959 SPRING GLENN ROAD JACKSONVILLE FL 32207 3959 SPRING GLENN ROAD JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3072084 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ISAAC, FRED C Street Address (P.O. Box Number is Not Acceptable) 2468 ATLANTIC BLVD JACKSONVILLE FL 32207 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 Signature, typed or pretten name of registerent agent and little if applicable CATE (NOTE: Registered Agent pignasure required when remaining) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change SALLOUM, MAZEM NAME NAME 3959 SPringGlew Rd STREET ADDRESS 3935 PITTMAN DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-7P JAX . FL. 32207 MILE ☐ Deleta TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ Oelete TITLE Change _ _ [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Deleta TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE Determination TITLE NAME NAME STREET ADORESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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.

FILED



February 6, 2006

4-YOU FOOD STORES, INC. 3959 SPRING GLENN ROAD JACKSONVILLE, FL 32207

Subject: 4-YOU FOOD STORES, INC.

Reference Number:

S61406

<u>Please be advised</u>, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC ANNUAL REPORTS SECTION