

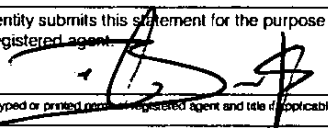
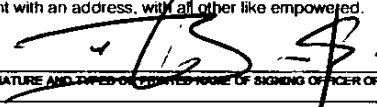


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90053 034 ***150.00

DOCUMENT # 830315 1. Entity Name LONDBAR ASSOCIATED FOOD STORES INC					
Principal Place of Business 525 ARTHUR GODFREY RD MIAMI BEACH, FL 33140			Mailing Address 525 ARTHUR GODFREY RD MIAMI BEACH, FL 33140 US		
2. Principal Place of Business - No P.O. Box # SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 11-2123512	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LONDON, RICHARD 1800 N.E. 114TH ST., #1410 NORTH MIAMI, FL 33181				7. Name and Address of New Registered Agent Name BRENT COETZEE Street Address (P.O. Box Number is Not Acceptable) 5055 COLLINS AVE #11M City MIAMI BEACH FL Zip Code 33140	
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 04.18.07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P LONDON, ARNOLD 126 CAMERON COURT FT LAUDERDALE, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY/SECY BRENT COETZEE 5055 COLLINS AVE #11M MIAMI BEACH FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LONDON, TROY 3133 MARY ST COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TROY LONDON 3035 ALLAMANDA STREET MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Date 4/18/07 Daytime Phone # (305) 531-7621					