2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F35443

Entity Name: T.S.F. FOOD STORES, INC.

6608 LURAIS DRIVE

LAKE WORTH, FL 33463

Address: City-St-Zip: FILED Jul 13, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of B	New Principal Place of Business:	
	SHINGTON AV H, FL 33139	E US	1059 COLLINS AVENUE MIAMI BEACH, FL 33139	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	SHINGTON AV H, FL 33139	E US	1059 COLLINS AVENUE MIAMI BEACH, FL 33139	US	
FEI Number	: 59-2093562	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of Ne	Name and Address of New Registered Agent:	
The above	32 LN , FL 33029	US submits this statement for the p	ourpose of changing its registered offi	ce or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KHAN, MOHAN 5416 N.W. CO		Title: () C Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VD (KAPUR, VIKAS 17323 SW 32 MIRAMAR, FL	_ANE	Title: () C Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	SD (CHOWDMURY) Delete , EFTAKER	Title: () C Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VIKAS KAPUR VP 07/13/2007