## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN Secretary of State

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1. Entity Name

SEVÉN STAR FOOD AND VIDEO STORES, INC.



Principal Place of Business

Mailing Address

209 VAN GOGH CIRCLE (33511) PO BOX 1827 BRANDON, FL 33509-8827

209 VAN GOGH CIRCLE (33511) PO BOX 1827

BRANDON, FL 33509-8827



## DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2706730

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAUDHRY, RAFIQ M. 209 VAN GOGH CIRCLE BRANDON, FL 33511

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or re		th, in the State of Florida. I am familiar with, and accept
SIGNATURE.		,		· · · · · · · · · · · · · · · · · · ·	
	Suprature, typed or printed name of registered agent and title in	r appaicable. (NO1E, Hegistered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finand Trust Fund Contribution.</li> </ol>	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		······	
NAME STREET ADDRESS CITY-ST-ZIP	DP CHAUDHRY, RAFIQ M. 209 VAN GOGH CR. BRANDON, FL		000000836075 03/04/08-80002-019 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAUDHRY, AZEEM M. 1937 HIGH GLENN COURT S. LAKELAND, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAUDHRY, CAROL S. 209 VAN GOGH CR. BRANDON, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED MAKE OF BIGNING OFFICER OR DIRECTOR

MHUDHIC)

685-039

Daytime Phone #