

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M50119

1. Entity Name
PIT STOP FOOD STORES, INC.



Principal Place of Business
**26-73 O/S HWAY
MARATHON, FL 33050 US**

Mailing Address
**387 E. SEAVIEW DR.
DUCK KEY
MARATHON, FL 33050 US**



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0001973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VASQUEZ FABIO
387 E. SEAVIEW DR.
DUCK KEY
MARATHON, FL 33050**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME VASQUEZ AMPARO
STREET ADDRESS 387 E SEAVIEW DR
CITY-ST-ZIP MARATHON, FL 33050

TITLE P
NAME VASQUEZ, FABIO J
STREET ADDRESS 387 E SEAVIEW DR
CITY-ST-ZIP MARATHON, FL 33050

TITLE M
NAME VASQUEZ, FABIO A.
STREET ADDRESS 387 E SEAVIEW DR
CITY-ST-ZIP MARATHON, FL 33050

TITLE TD
NAME WILLIAM VASQUEZ
STREET ADDRESS 387 E SEAVIEW DR
CITY-ST-ZIP MARATHON, FL 33050

TITLE S
NAME ANDREA VASQUEZ
STREET ADDRESS 387 E SEAVIEW DR
CITY-ST-ZIP MARATHON, FL 33050

TITLE D
NAME FABIAN VASQUEZ
STREET ADDRESS 387 E SEAVIEW DR
CITY-ST-ZIP MARATHON, FL 33050

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05/20/08-80008-003 150.00

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IN THIS SPACE**

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 NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 22, 2008

Date

Daytime Phone #