## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000000758

Entity Name: SHOPRITE SUPERMARKET, INC.

FILED May 01, 2006 Secretary of State

8550 INTERNATIONAL DR ORLANDO, FL 32819  Current Mailing Address:  New Mailing Address:	
Current Mailing Address: New Mailing Address:	
8550 INTERNATIONAL DR ORLANDO, FL 32819	
FEI Number: 59-3617173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certifica	ite of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Reg	istered Agent:
MAALI, AMJAD 7582 W SANDLAKE ROAD ORLANDO, FL 32819 US	
The above named entity submits this statement for the purpose of changing its registered office or r n the State of Florida.	egistered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFF  Title:  TD ( ) Delete  Title: ( ) Change of the Contribution ( ).  Name:  Address: 7582 WEST SANDLAKE ROAD  Address:	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFF  Title:  TD ( ) Delete  Name:  MAALI, SAAD  Address:  7582 WEST SANDLAKE ROAD  City-St-Zip:  WINDERMERE, FL 34786  Title:  VDS ( ) Delete  Title:  Name:  MAALI, AMJAD  Name:  Address:  7582 WEST SAND LAKE ROAD  Address:  Address:  Address:  Address:  Address:  Address:	( ) Addition
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I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: AHMAD GARIB P 05/01/2006