

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000066730

FILED
Jun 02, 2006
Secretary of State**Entity Name:** CONVENIENCE ENTERPRISES OF NAPLES, INC.**Current Principal Place of Business:**1938 SANTA BARBARA BLVD
NAPLES, FL 34116**New Principal Place of Business:****Current Mailing Address:**1924 SANTA BARBARA BLVD
SUITE 1-C
NAPLES, FL 34116**New Mailing Address:****FEI Number:** 65-1117906**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRAZIANI, LEEANNE W DIRECTO
1924 SANTA BARBARA BLVD.
SUITE 1
NAPLES, FL 34116 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PCD () Delete
Name: SAAD, RAUL E
Address: 1924 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34116**Title:** VPD () Delete
Name: GRAZIANI, RONEN
Address: 1924 SANTA BARBARA BLVD.
City-St-Zip: NAPLES, FL 34116**Title:** STD () Delete
Name: GRAZIANI, LEEANNE W
Address: 1924 SANTA BARBARA BLVD.
City-St-Zip: NAPLES, FL 34116**Title:** D (X) Delete
Name: KALIKOW, SCOTT
Address: 1924 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34116**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: LEEANNE W GRAZIANI

STD

06/02/2006

Electronic Signature of Signing Officer or Director

Date