

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000021770

Entity Name: PRICE BUSTER FOODS 7505, INC.

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

1141 SW 12TH AVE.
POMPANO BEACH, FL 330691146

New Principal Place of Business:

Current Mailing Address:

1141 SW 12TH AVE.
POMPANO BEACH, FL 330691146

New Mailing Address:

FEI Number: 03-0393887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, CALVIN J PD
1141 SW 12TH AVE
POMPANO BEACH, FL 33069 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: PD () Delete
Name: MILLER, CALVIN J
Address: 1141 SW 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: VPST () Delete
Name: SUTHERLAND, ALLAN C
Address: 1141 SW 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: EVP (X) Delete
Name: MOORE, LOUIS
Address: 1141 SW 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: EVP () Delete
Name: MILLER, CHRISTOPHER
Address: 1141 SW 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MOORE, LOUIS F
Address: 1141 SW 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33069 US

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 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: LOUIS F MOORE

ST

02/12/2008

Electronic Signature of Signing Officer or Director

Date