

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000024294

1. Entity Name
K & S FOOD STORE, INC.



Principal Place of Business
592 SW 27TH AVE
FT LAUDERDALE, FL 33312

Mailing Address
592 SW 27TH AVE
FT LAUDERDALE, FL 33312



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3015897

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C. MARIE BREVITT-SCHOOP, ESQ.
20401 NW 2ND AVENUE
SUITE #220
MIAMI, FL 33169

**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

U00000877849
04/14/08-80031-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SINGH, KULWANT
STREET ADDRESS 592 SW 27 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE VD
NAME KAUR, SARBJIT
STREET ADDRESS 592 SW 27 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Kulwant Singh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 954-321-5727
Date Daytime Phone #