

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 047 ***150.00

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|--|--|--|---|--|--|
| DOCUMENT # P02000034267 1. Entity Name SHOP AND SAVE PRODUCE INC. | | | | | |
| Principal Place of Business 12198 BLACKHEATH CIRCLE ORLANDO, FL 32837 | | | Mailing Address 12198 BLACKHEATH CIRCLE ORLANDO, FL 32837 | | |
| 2. Principal Place of Business 2013 WELFLEET CT. | | 3. Mailing Address 2013 WELFLEET CT. | | | |
| Suite, Apt. #, etc. 1 | | Suite, Apt. #, etc. 1 | | | |
| City & State ORLANDO FL. | | City & State ORLANDO, FL. | | | |
| Zip 32837 | | Zip 32837 | | | |
| Country U.S.A. | | Country U.S.A. | | 07022004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number APPLIED FOR 04-3685997 | | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent HARRIRAM, RAMRATTAN 12198 BLACKHEATH CIRCLE ORLANDO, FL 32837 | |
| 7. Name and Address of New Registered Agent Name RAMRATTAN HARRIRAM Street Address (P.O. Box Number is Not Acceptable) 12198 BLACKHEATH CER. City ORLANDO FL Zip Code 32837 | | | | 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 RAMRATTAN HARRIRAM <i>[Signature]</i> 07/02/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HARRIRAM, RAMRATTAN 12198 BLACKHEATH CIRCLE ORLANDO, FL 32837 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> RAMRATTAN HARRIRAM 07/02/04 (407) 240-9778 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |