

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 007 ***150.00

DOCUMENT # P02000034267

1. Entity Name

SHOP AND SAVE PRODUCE INC.



Principal Place of Business

2013 WELFLEET CT
SUITE 1
ORLANDO FL 32837
US

Mailing Address

2013 WELFLEET CT
SUITE 1
ORLANDO FL 32837
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **04-3685997**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIRAM, RAMRATTAN
12198 BLACKHEATH CIRCLE
ORLANDO FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ramrattan Harriram

04/14/07

Signature, typed or printed name of registered agent and title - applicable.

(NOTE: Registered Agent signature required when reappointing.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HARRIRAM, RAMRATTAN**
STREET ADDRESS **12198 BLACKHEATH CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **AMRITA D. HARRIRAM**
STREET ADDRESS **12198 BLACKHEATH CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ramrattan Harriram **RAMRATTAN HARRIRAM**

04/14/07

(321) 284-6745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days and Phone #