

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080581

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** CROSSROADS MARKET & DELI, INC.

**Current Principal Place of Business:**

10800 NORTH MILITARY TRAIL  
SUITE 120  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

10800 NORTH MILITARY TRAIL  
SUITE 120  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 11-3645229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHIHADDEH, QUTAYBAH  
10800 NORTH MILITARY TRAIL  
SUITE 120  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

SHIHADDEH, MOHAMED  
10800 NORTH MILITARY TRAIL  
SUITE 120  
PALM BEACH GARDENS, FL 33410 US

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: MOHAMED      01/08/2007  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: SHIHADDEH, QUTAYBAH  
Address: 6879 TIBURON CIRCLE  
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete  
Name: SHIHADDEH, MOHAMED  
Address: 10800 NORTH MILITARY TRAIL STE 120  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MOHAMED SHIHADDEH      P      01/08/2007  
Electronic Signature of Signing Officer or Director      Date