

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000131041

**FILED**  
**Aug 26, 2011**  
**Secretary of State**

**Entity Name:** AL SALAM MIDDLE EAST RESTAURANT & GROCERY, INC.

**Current Principal Place of Business:**

1818 N UNIVERSITY DRIVE  
SUNRISE, FL 33322 US

**New Principal Place of Business:**

1818 N UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

**Current Mailing Address:**

1818 N UNIVERSITY DRIVE  
SUNRISE, FL 33322 US

**New Mailing Address:**

1818 N UNIVERSITY DRIVE  
PLANTATION, FL 33322 US

**FEI Number:** 75-3091005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALMASSRI, MAHER  
1818 N UNIVERSITY DRIVE  
SUNRISE, FL 33322 US

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

ALMASSRI, MAHER  
1818 N UNIVERSITY DRIVE  
PLANTATION, FL 33322 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:

08/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: ALMASSRI, MAHER  
Address: 1818 N UNIVERSITY DRIVE  
City-St-Zip: PLANTATION, FL 33322 US

I hereby 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 all other like empowered.

SIGNATURE: MAHER ALMASSRI

DPST

08/26/2011

Electronic Signature of Signing Officer or Director

Date