

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105876

FILED
Apr 30, 2005
Secretary of State

Entity Name: LOCAL FOOD STORES INC.

Current Principal Place of Business:

5611 SW 164 TERRACE
SOUTH WEST RANCHES, FL 33331

New Principal Place of Business:

Current Mailing Address:

5611 SW 164 TERRACE
SOUTH WEST RANCHES, FL 33331

New Mailing Address:

FEI Number: 65-1096626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, C.P.A, JOSE
12839 NW 18 COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANOJ, MATHEW
Address: 2121 W BURY DRIVE
City-St-Zip: WOOD BRIDGE, IL 60517

Title: V () Delete
Name: ZACHARIAS, BABU
Address: 5611 SW 164 TERRACE
City-St-Zip: SOUTH WEST RANCHES, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: SARI, KENAN
Address: 831 W SUNRISE BLVD
City-St-Zip: FT LAUDER DALE, FL 33311

Title: D () Change (X) Addition
Name: SEVIM, SARI
Address: 831 W SUNRISE BLVD
City-St-Zip: FT LAUDER DALE, FL 33311 FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENAN SARI

D

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date