


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

|  |                               |  |   |   |  |
|--|-------------------------------|--|---|---|--|
| <b>DOCUMENT # P04000008927</b>   |                               |  |   |                |  |
| 1. Entity Name<br><b>SUN FOOD MART, INC.</b>   |                               |  |   |   |  |
| Principal Place of Business<br><b>11067 ST AGUSTINE RD<br/>JACKSONVILLE, FL 32257</b>  |                               |  | Mailing Address<br><b>11067 ST AGUSTINE RD<br/>JACKSONVILLE, FL 32257</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                               | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                               | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                               | City & State   |   | 04302008 Chg-P CR2E034 (12/06)  |  |
| Zip  |                               | Country  |   | 4. FEI Number<br><b>65-1213151</b>  |  |
|  |                               |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                               |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>BIKKUMANLA, SRINIVAS<br/>11067 ST AGUSTINE RD<br/>JACKSONVILLE, FL 32257</b>  |                               |  |   | 7. Name and Address of New Registered Agent   |  |
|  |                               |  |   | Name  |  |
|  |                               |  |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|  |                               |  |   | City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                               |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |                               |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |   |  |
| TITLE  | <b>P</b>                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | <b>BIKKUMANLA, SRINIVAS</b>   |  | NAME  | <b>U00000950440</b>   |  |
| STREET ADDRESS   | <b>11067 ST AGUSTINE RD</b>   |  | STREET ADDRESS  | <b>06/03/08-80067-025 150.00</b>  |  |
| CITY-ST-ZIP  | <b>JACKSONVILLE, FL 32257</b> |  | CITY-ST-ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                               |  | NAME  |   |  |
| STREET ADDRESS   |                               |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                               |  | CITY-ST-ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                               |  | NAME  |   |  |
| STREET ADDRESS   |                               |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                               |  | CITY-ST-ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                               |  | NAME  |   |  |
| STREET ADDRESS   |                               |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                               |  | CITY-ST-ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                               |  | NAME  |   |  |
| STREET ADDRESS   |                               |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                               |  | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Venkat Kaudala</i>   |                               |  | Date: <b>04/29/08</b> Daytime Phone #: <b>(904) 465 4483</b>              |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                               |  |   |   |  |