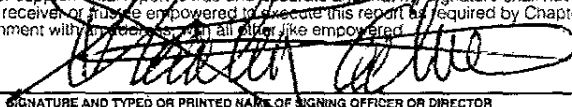


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000029799		
1. Entity Name BUY-RITE WHOLESALERS, INC.		
Principal Place of Business 2095 MALCOLM DR PALM HARBOR, FL 34684 US	Mailing Address 2095 MALCOLM DR PALM HARBOR, FL 34684 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COHEN, STANLEY 2095 MALCOLM DR PALM HARBOR, FL 34684		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COHEN, STANLEY 2095 MALCOLM DR PALM HARBOR, FL 34684	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, JANET 2095 MALCOLM DR PALM HARBOR, FL 34684	
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TITLE NAME STREET ADDRESS 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 my name and title as all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-25-07</u> Daytime Phone # _____



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0734954	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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02/02/07-80003-021 150.00