

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000091812

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** TREASURE FOOD STORE INC.

**Current Principal Place of Business:**

5111 TIMUQUANA RD.  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

5111 TIMUQUANA RD.  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

**FEI Number:** 20-1245723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAJY, LAHEEB  
513 KERNAN MILL LANE  
JACKSONVILLE, FL 32259 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: KAJY, LUAY  
Address: 657 MACKENZIE CIR.  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: VPSD  
Name: KAJY, LAHEEB  
Address: 513 KERNAN MILL LANE  
City-St-Zip: JACKSONVILLE, FL 32259 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: LUAY KAJY

PTD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date