

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111723

Entity Name: SABBY FOOD MART INC

FILED  
Mar 27, 2008  
Secretary of State

## Current Principal Place of Business:

1360 W MOWRY DR  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

1660 NW 3RD STREET  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

FEI Number: 20-1426794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHAN, MOHAMMED D  
1660 NW 3RD ST  
DEERFIELD BEACH, FL 33442 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: LUTFAR, BHUIYAN R  
Address: 15202 SW 141 CT  
City-St-Zip: MIAMI, FL 33177  
  
Title: VP ( ) Delete  
Name: KHAN, MOHAMMED D  
Address: 1660 NW 3RD ST  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: M.KHAN

VP

03/27/2008

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

\_\_\_\_\_  
Date