


**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 035 ***150.00

DOCUMENT # P04000148699 1. Entity Name DASA GROCERY, INC.					
Principal Place of Business 1889 SOUTH HIGHLAND AVENUE LARGO, FL 33756			Mailing Address 1889 SOUTH HIGHLAND AVENUE LARGO, FL 33756		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MCATEE, CAROL ACCOUNTING CONSULTANTS 5401 CENTRAL AVENUE ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANHA, DANIEL <input checked="" type="checkbox"/> Delete 5400 26 ST W #F-99 BRADENTON, FL 34207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sanha, Daniel <input type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Nursery Rd L#17 Clearwater FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANHA, ANGELA E <input checked="" type="checkbox"/> Delete 5400 26 ST W #F-99 BRADENTON, FL 34207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sanha, Angela E <input type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Nursery Rd L#17 Clearwater FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Daniel Sanha</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>05-05-05</u> ⁽¹²⁷⁾ Daytime Phone # <u>536-3603</u>		

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04292005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1828446 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**