

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90006 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		4. FEI Number 20-1828446	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
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	
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 file if applicable. (NOTE: Registered Agent Signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 2100 NURSERY ROAD, L# 17 CLEARWATER, FL 33764	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SANHA, ANGELA E 2100 NURSERY ROAD, L # 17 CLEARWATER, FL 33764	☒ Delete			
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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: <u><i>Daniel Sanha</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



02232006 Chg-P CR2E034 (11/05)

FL Zip Code

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