## 2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Sep 07, 2007 08:00 AN Secretary of State DOCUMENT # P04000160817 GRAND WHOLESALE UNLIMITED, INC. Principal Place of Business Mailing Address 7381 COLLEGE PARKWAY 7381 COLLEGE PARKWAY FORT MYERS, FL 33907 FORT MYERS, FL 33907 07052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1938644 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHBOURG, DONALD C JR. DO NOT WRITE 3350 E. RIVERSIDE DRIVE FORT MYERS, FL 33916 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 reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation dld not receive the prior notice.	
10. OFFICERS AND DIRECTORS					<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAMEH, EMAD 2249 CLEVELAND AVENUE FORT MYERS, FL 33901				U00000773596 09/07/07-80005-019 158.75	
NAME STREET ADDRESS CITY-ST-ZIP	SALAMEH, AMER 2249 CLEVELAND AVENUE FORT MYERS, FL 33901	·				
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIME 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 cath; 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable