## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P04000168353** 1. Entity Name 04-13-2006 90301 046 \*\*\*150.00 VALUE FOOD MART INC. Principal Place of Business Mailing Address 2801 NORTH US 1 FORT PIERCE FL 34946 **66013030** FORT PIERCE FL 34946 3. Mailing Address 2. Principal Place of Business Suita, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent RASHID, MAHMOOD Street Address (P.O. Box Number is Not Acceptable) 2801 NORTH US 1 FORT PIERCE FL 34946 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 Spendure hyperd or protect turns of represent agent and life is applicable. (NOTE: Registered Agent signature required when re-initiality) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change Addition P.VP шиг RASHID, MAHMOOD HAME NAME STREET ADDRESS STREET ADDRESS 2801 NORTH US 1 CITY-ST-7P FORT PIERCE FL 34946 CITY-ST-ZIP ☐ Change ☐ Addition □ Detete HILE MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP ☐ Change Addition ☐ Delete HILE INCE NALAS NAM STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition TITLE Deleta HAME MAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-S1-ZiP ☐ Change Addition ☐ Delete TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-216 ☐ Addition ☐ Change ☐ Delete BILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-78 12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 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:

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Daytane Phone #