


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000051909 1. Entity Name UNITED GROCERY & TOBACCO WHOLESALE, INC.	
---	---

Principal Place of Business 4329-3 W. PENSACOLA ST. TALLAHASSEE, FL 32304	Mailing Address 8550 HEATHCLIFF CT TALLAHASSEE, FL 32312
---	--

DO NOT WRITE IN THIS SPACE

FILED
07 APR 26 AM 9:27

DEPT. OF STATE
TALLAHASSEE, FLORIDA



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0307774	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent RADDAR, JAMAL 8550 HEATHCLIFF CT TALLAHASSEE, FL 32312	DO NOT WRITE 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 <i>Abigail Raddar</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>4/26/07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RADDAR, JAMAL 8550 HEATHCLIFF CT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RADDAR, ABIGAIL 8550 HEATHCLIFF CT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000101222810
05/02/07--01044--004 **158.75

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: <i>Abigail Raddar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Abigail Raddar</i> 4/26/07 350-0060 <small>Date Daytime Phone #</small>