2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052178

1. Entity Name
J & D FOOD STORE, INC.

Principal Place of Business	Mailing Address
7961 S. FEDERAL HWY. PORT ST. LUCIE, FL 34952	7961 S. FEDERAL HWY. PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

02202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
41-2172991	Not Applicable

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

6. Name and Address of Current Registered Agent

CHABRIA, JOSHAN
7961 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHABRIA, JOSHAN
STREET ADDRESS	7961 S. FEDERAL HWY.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952

TITLE	VD
NAME	CHABRIA, DAVINDER
STREET ADDRESS	7961 S. FEDERAL HWY.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/15/07-80037-006 150.00

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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: _Joshan Chabria_   4-3-07   (561) 707-9826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #