


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P05000158388 |  |
| 1. Entity Name MR. SPECIAL GROCERY, INC. | |

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| Principal Place of Business 4217 W. MARTIN LUTHER KING BLVD TAMPA, FL 33614 | Mailing Address 4217 W. MARTIN LUTHER KING BLVD TAMPA, FL 33614 |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent JAIGOBIND, RAMNARAIN 4217 W. MARTIN LUTHER KING BLVD TAMPA, FL 33614 | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

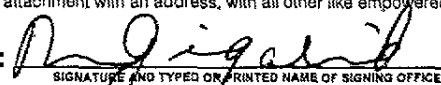
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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIR JAIGOBIND, INSOOK 5716 BAYOU GRANDE BLVD ST PETERSBURG, FL 33703 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIR JAIGOBIND, RAMNARAIN 5716 BAYOU GRANDE BLVD ST PETERSBURG, FL 33703 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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DO NOT WRITE
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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:  **7/11/07 (813) 879-0799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #