

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-26-2006 90194 003 ***150.00

DOCUMENT # P05000160562 1. Entity Name CURLEW ROAD FOOD STORE, INC.			
Principal Place of Business 7501 W HILLSBOROUGH AVE TAMPA, FL 33615		Mailing Address 7501 W HILLSBOROUGH AVE TAMPA, FL 33615	
2. Principal Place of Business 2820 Curlew rd		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Harbor, FL		City & State 	
Zip 34653	Country USA	Zip 	Country
4. FEI Number 203918071		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, WILLIAM P 715 SWANN AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME ABDEL-SHAHID, EMAD	<input type="checkbox"/> Delete	
STREET ADDRESS 1626 KISH BLVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NEW PORT RICHEY, FL 34655			
TITLE VPST	NAME SABA, WALID	<input type="checkbox"/> Delete	
STREET ADDRESS 7501 W HILLSBOROUGH AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA, FL 33615			
TITLE D	NAME SABA, WALID	<input type="checkbox"/> Delete	
STREET ADDRESS 7501 W HILLSBOROUGH AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP TAMPA, FL 33615			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u>WALID SABA</u> walid Saba <u>5/12/06</u> 813.888.6500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			