2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P05000160562

1. Entity Name
CURLEW ROAD FOOD STORE, INC.

Principal Place of Business
2820 CURLEW RD
PALM HARBOR, FL 34683 US

Mailing Address
7501 W HILLSBOROUGH AVE
TAMPA, FL 33615

04132007 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-3918071
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREGORY, WILLIAM P
715 SWANN AVENUE
TAMPA, FL 33606

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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	ABDEL-SHAHID, EMAD
STREET ADDRESS	1626 KISH BLVD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VPST
NAME	SABA, WALID
STREET ADDRESS	7501 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	SABA, WALID
STREET ADDRESS	7501 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80036-015 150.00

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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: Walid Walid Saba 4-16-07 727-946-8041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #