

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054065

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** A&P TAMPA, INC.

**Current Principal Place of Business:**

3802 NORTHGREEN AVE.  
APT. # 2206  
TAMPA, FL 33624

**New Principal Place of Business:**

4104 HOLLOWTRAIL DR.  
TAMPA, FL 33624

**Current Mailing Address:**

3802 NORTHGREEN AVE.  
APT. # 2206  
TAMPA, FL 33624

**New Mailing Address:**

4104 HOLLOWTRAIL DR.  
TAMPA, FL 33624

**FEI Number:** 20-4697588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAZELLE, SA KIM DIR  
3802 NORTHGREEN AVE.  
APT. #2206  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

GAZELLE, SA KIM DIR  
4104 HOLLOWTRAIL DR.  
TAMPA, FL 33624 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/24/2012

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: CHAU, PAUL  
Address: 6149 SNELL AVE.  
City-St-Zip: SAN JOSE, CA 95123

Title: PD  
Name: GAZELLE, SA KIM  
Address: 4104 HOLLOWTRAIL DR.  
City-St-Zip: TAMPA, FL 33624

Title: DIR  
Name: CHAU, PAULA  
Address: 6149 SNELL AVE.  
City-St-Zip: SAN JOSE, CA 95123

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SA KIM GAZELLE

Electronic Signature of Signing Officer or Director

PD

02/24/2012

Date