2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# P06000084173

Entity Name: DILL'S EXXON FOOD MART, INC.

Current Principal Place of Business:

2395 W. COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6203 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067 US

New Mailing Address:

P.O. BOX 10158
POMPANO BEACH, FL 33061 US

FEI Number: 20-5101906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONNENBERG, RUTH
5267 JOG LANE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOHAMMAD, DIL
Address: 6203 NW 53RD CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: REAZ, IFFAT
Address: 2395 W. COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: VPD ( ) Change (X) Addition
Name: MOHAMMAD, DIL
Address: 2395 W. COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33309 US

Title: VPS ( ) Change (X) Addition
Name: DIL, TANHA
Address: 2395 W. COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IFFAT REAZ PDT 01/31/2009

Electronic Signature of Signing Officer or Director Date