



FILED  
Apr 23, 2007 8:00 am  
Secretary of State

03-26-2007 90071 048 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P06000107499</b>			
1. Entity Name <b>SAFeway ENTERPRISES INC.</b>			
Principal Place of Business <b>10582 VERSALLIES BLVD. WELLINGTON, FL 33467</b>		Mailing Address <b>10582 VERSALLIES BLVD. WELLINGTON, FL 33467</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>PAPA, VINCENT 10582 VERSALLIES BLVD. WELLINGTON, FL 33467</b>		4. FEI Number <b>20-5341467</b> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Name		01302007 Chg-P CR2E034 (12/06)	
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D PAPA, VINCENT 10582 VERSALLIES BLVD. WELLINGTON, FL 33467</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <b>Vincent Papa</b> 2/20/07		Date _____ Daytime Phone # _____	