
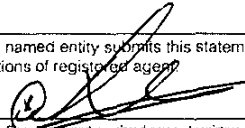



FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90053 010 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000014659					
1. Entry Name U.N. DELI & MORE, INC.					
Principal Place of Business 4726 EISENHOWER BLVD. TAMPA, FL 33634			Mailing Address 2502 ROSLYN LANE LAKELAND, FL 33812		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 164-02 NORTHERN BLVD. Suite, Apt. #, etc.			
City & State		City & State FLUSHING, NY		4. FEI Number 20-8383792	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 11358		Country		01172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent OEY, SEE-HOE 2502 ROSLYN LANE LAKELAND, FL 33812			7. Name and Address of New Registered Agent Name LEWANDOWSKI, SIN YOUNG Street Address (P.O. Box Number is Not Acceptable) 447 EMERALD COL LOOP City LAKELAND FL Zip Code 33813		
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:  (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEWANDOWSKI, SIN YOUNG 2502 ROSLYN LANE LAKELAND, FL 33812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 447 Emerald Col loop Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC OEY, SEE-HOE 2502 ROSLYN LANE LAKELAND, FL 33812	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  (NOTE: Registered Agent signature required when registering) DATE Daytime Phone #					