

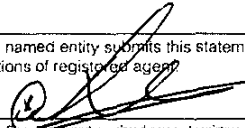



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-28-2008 90053 010 ***150.00

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 Zip Country		City & State FLUSHING, NY Zip Country 11358		4. FEI Number 20-8383792	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OHEY, 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	SEC OHEY, SEE-HOE 2502 ROSLYN LANE LAKELAND, FL 33812	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Signature and typed or printed name of signing officer or director) Date: Daytime Phone #:					