



FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90047 038 ***155.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000083778 1. Entity Name EL SHADDAY SUPERSTORE, INC.																													
Principal Place of Business 3840 NW 78TH TERRACE CORAL SPRINGS, FL 33065			Mailing Address 3840 NW 78TH TERRACE CORAL SPRINGS, FL 33065																										
2. Principal Place of Business - No P.O. Box # 6720 NW 23street		3. Mailing Address 6720 NW 23street		<div style="font-size: 24pt; font-weight: bold;">40050516</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> 02262008 Chg-P CR2E034 (12/06) </div>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State Coral Springs		City & State Coral Springs																											
Zip 33063		Country U.S.		4. FEI Number <input type="checkbox"/> Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BENJAMIN, FEDLINE 3840 NW 78TH TERRACE CORAL SPRINGS, FL 33065																											
7. Name and Address of New Registered Agent Name Karousse Narcisse Street Address (P.O. Box Number is Not Acceptable) 6720 NW 23street City Margate FL Zip Code 33063																													
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: Karousse Narcisse DATE: 3-19-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENJAMIN, FEDLINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3840 NW 78TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33065</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	BENJAMIN, FEDLINE		STREET ADDRESS	3840 NW 78TH TERRACE		CITY-ST-ZIP	CORAL SPRINGS, FL 33065		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">K. Karousse Narcisse</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>G720 NW 23street</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Margate FL 33063</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	K. Karousse Narcisse	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	G720 NW 23street		STREET ADDRESS	Margate FL 33063		CITY-ST-ZIP		
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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: Karousse Narcisse DATE: 3-19-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													