

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085088

FILED
Apr 29, 2008
Secretary of State

Entity Name: C&S WEST INDIAN GROCERIES & TAKEOUT INC.

Current Principal Place of Business:

18450 PINES BLVD
PEMBROKE PINES, FL 33029

New Principal Place of Business:

16650 SOUTH WEST 67 PLACE
SOUTHWEST RANCHES, FL 33331

Current Mailing Address:

18450 PINES BLVD
PEMBROKE PINES, FL 33029

New Mailing Address:

16650 SOUTH WEST 67 PLACE
SOUTHWEST RANCHES, FL 33331

FEI Number: 45-0567831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, YVONNE
16650 SW 67 PL
SW RANCHES, FL 33331 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: NELSON, YVONNE
Address: 16650 SW 67 PL
City-St-Zip: SW RANCHES, FL 33331

Title: VP () Delete
Name: NELSON, LENFORD
Address: 16650 SW 67 PL
City-St-Zip: SW RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YVONNE NELSON

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date