

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000005625

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** DAILY STOP FOOD STORE PEREZ FAMILY STORE INC.

**Current Principal Place of Business:**

995 SOUTH WEST MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**New Principal Place of Business:**

995 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**Current Mailing Address:**

995 SOUTH WEST MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**New Mailing Address:**

995 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, VIRGINIA  
1829 GIFFORT ST  
PORT ST LUCIE, FL 34952 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ, VIRGINIA  
Address: 1829 GIFFORT ST  
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: VIRGINA PEREZ

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date