2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State

						Secretary or State				
DOCUMENT # P28573 1. Entity Name SUPER FRESH/SAV-A-CENTER, INC.							05-04-2007	•		
Principal Place of Business Mailing Address						-				
2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645		2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01182007	Chg-P	CR2E(034 (12/06)	
City & State		City & State		4. FEI Number 22-2630228				No	plied For t Applicable	
Zíp	Country	Zip	Count	ry		5. Certificate o			\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.				Name						
4435 OLD	WINTER GARDEN ROAD 0, FL 32811	SERVICES, INC.				(P.O. Box Number is Not Acceptable)				
			Ì	City				FI	Zip Cod	e
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 act the obligations of registered agent.									and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	aignature, typed or printed traine of registered agent	and site if applicable. (NOTE	. negisiered	i Agent signatu	re required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$ Trust Fund Contribution.						00 May Be ed to Fees				
10. OFFICERS AND DIRECTORS 11						ADDITIONS/C	HANGES TO O	DEELCERS ANI) DIRECTOR	S IN 11
TITLE	PD Delete		TITLE		ADDITIONS/CHANGES TO OFFICERS			711021107111	Change	Addition
NAME	DISKCON, GLEN			# Dicks		Kson, Gle	n		onlange	
STREET ADDRESS	1401 JEFFERSON HWY.		STREE	ET ADDRESS						
CITY - ST - ZIP	NEW ORLEANS, LA 70121		CITY-	ST-ZIP						
TITLE	V	☐ Delete	TITLE						☐ Change	☐ Addition
NAME	GUALTIERI, MICHAEL		NAME							
STREET ADORESS CITY+ST-ZIP	2 PARAGON DRIVE			ET ADDRESS						
	MONTVALE, NJ 07645			ST-ZIP						
TITLE NAME	MOSS, WILLIAM	☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	2 PARAGON DRIVE			T ADDRESS						
CHTY-ST-ZIP	MONTVALE, NJ			S1-ZIP						
TITLE	S	Ď X Delete	TITLE		S				☐ Change	Addition
NAME	OFFER, MARY ELLEN		NAME	:	Chris	toper MCG- ragon Dri	irry			
STREET ADDRESS	2 PARAGON DRIVE				3 Pa	ragon Dri	re			
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-	ST-ZIP	Mc	ntrale	NJ 076	645		
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADORESS			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAME	1						
STREET ADDRESS			•	et address						
CITY-ST-ZIP				ST-ZIP						
13 Iboroby	cortify that the information cupolind will	a this filing doop out qualify for			aatsisse	in Chapter 110	Clasida Casada			- (

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #