


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-28-2008 90407 045 ***150.00


DOCUMENT # P28573 1. Entity Name SUPER FRESH/SAV-A-CENTER, INC.	
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Principal Place of Business 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645	Mailing Address 2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE, NJ 07645
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811

40087606



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2630228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 reinstating) DATE _____

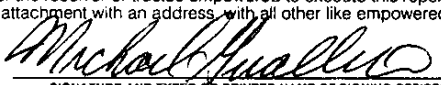
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, GLEN 1401 JEFFERSON HWY. NEW ORLEANS, LA 70121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUALTIERI, MICHAEL 2 PARAGON DRIVE MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSS, WILLIAM 2 PARAGON DRIVE MONTVALE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGARRY, CHRISTOPHER 2 PARAGON DRIVE MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  4/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #