2005 FOR PROFIT CORPORATION

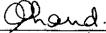
Feb 28, 2005 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P93000023780** 1. Entity Name CHAND'S WEST INDIAN GROCERY, INC. Principal Place of Business Mailing Address 2623 B PINE HILLS RD. 2623 B PINE HILLS RD. ORLANDO, FL 32808 ORLANDO, FL 32808 No Chg-P 02082005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3187940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAND, CLATION DO NOT WRITE 2623 B. PINEHILLS RD. ORLANDO, FL 32808 IN THIS SPACE 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 Signature, typed or printed (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 19 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHAND, CLATION NAME STREET ADDRESS 2623 B PINEHILLS RD. CITY-ST-ZIP ORLANDO, FL 1000000245856 TITLE -27:8705-80047-011 [50,00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _

CITY - ST - ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED

Daytime Phone #