


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000078713</b>	
1. Entity Name <b>SHOP AND SAVE FOOD STORE INC.</b>	

Principal Place of Business <b>9020 COBB RD. BROOKSVILLE, FL 34601 US</b>	Mailing Address <b>9020 COBB RD. BROOKSVILLE, FL 34601 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3209521</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HATEM, MOHAMMED A  
9020 COBB RD  
BROOKSVILLE, FL 34601**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATEM, MOHAMMED A 9020 COBB RD. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UDDIN, MOHAMMED NASIR 20083 SUNERIST DRIVE BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000000815562  
02/14/08-80014-009 158.75

**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: M. Ahmad Huth 1-20-08 352 7991130

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