

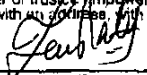
FROM :

FAX NO. :

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90834 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000058844					
1. Entity Name E-Z STOP FOOD MART, INC.					
Principal Place of Business 2006 S US 1 VERO BEACH, FL 32962 US			Mailing Address 2006 S US 1 VERO BEACH, FL 32962 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFI Number 59-3259890	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, TUSHARBHAI 4117 18TH PLACE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name: PATEL, TUSHARBHAI Street Address (P.O. Box Number is Not Acceptable): 2006 S US 1 City: VERO BEACH FL Zip Code: 32962		
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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	PATEL, TUSHARBHAI	NAME	2006 S US 1		
STREET ADDRESS	4117 18TH PLACE	STREET ADDRESS	VERO BEACH, FL 32962		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	PATEL, AMISHA	NAME	2006 S US 1		
STREET ADDRESS	4117 18TH PLACE	STREET ADDRESS	VERO BEACH, FL 32962		
CITY-ST-ZIP	VERO BEACH, FL	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		4/27/07 712-696-5159			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____			