

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092311

FILED  
Mar 09, 2008  
Secretary of State

Entity Name: SHOP RIGHT MEAT MARKET, INC.

**Current Principal Place of Business:**

3344 SW 37TH AVENUE  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3344 SW 37TH AVENUE  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 65-0543313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAJJAR, AMJAD  
11115 SW 156TH PLACE  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NAJJAR, AMJAD  
Address: 11115 SW 156TH PLACE  
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: NAJJAR, ANWAR  
Address: 11115 SW 156TH PLACE  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANWAR NAJJAR

VP

03/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date