## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2008 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P95000071567  1. Entity Name GOOD TO GO FOOD STORE, INC.					_	01-30-2008 9	90026 01	7 ***158	3.75
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City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired Status De	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01212008	Chg-P	CR2E03	34 (12/06)	
Single Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the objection of pages and year.  8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the objection of pages and year.  8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the objection of pages and year.  8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the objective separation of pages and a common of pages and pages agriculture separation of pages and pages agriculture separation of pages and pages agriculture with a company for pages and pages agriculture separation of pages and pages agriculture with a page agricu	City & State		City & State							
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LARROW PAUL L 3501-312 DEL PRADO BLVD CAPE CORAL, FL 33904  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both in the State of Florida 1 am familiar with and accept the obligations of segmentary part and accept the obligations of segmentary and accept the obligations of segmentary part and accept the obligations of segmentary and accept the obligations of segment segment accept and accept the obligations of segment segment accepts and accept the obligations accept and accept the obligations accept the obligations accept the obligation of segment accepts and accept the obligations accepts and accept the obligation of segment segment accepts accepts and accept the obligations accepts and accept the obligation of segment segment accepts and accept the obligation of segment accepts and accept the obligation of segment segment accepts acce	6. Name and Address of Curren		Registered Agent			7. Name and	Address of New R			<u>.</u>
Scient Address (P.O. Box Number is Not Acceptable)    City   FL   Zia Code				N						
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 parent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida.    Course   Policy	3501-312	DEL PRADO BLVD	Street Addres		Street Address (	(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered oblice or registered agent, or both, in the State of Ronda. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or since of the purpose agent and set Trapeutate.  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  III. NAME  SIREE ADDRESS  CITY-51-2P  FORT MYERS, FL 33908  III. NAME  LARROW, PAUL  SIREE ADDRESS  CITY-51-2P  III. NAME  LARROW, PAUL  SIREE ADDRESS  CITY-51-2P  III. NAME  SIREE ADDRESS  CITY-51-2P  III.	CAFECOI	NAL, FL 33904			<del></del>			<u> </u>	•	
SIGNATURE Signature. Inpedio or princed agent and site Transecute.  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIIE DPT					City FL Zip Code					
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After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE Signature, typed or printed name of registered agent and title at applicable (NOTE Registered Agent signature required when reinstating)  DATE									
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12. Thereby 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	CITY-ST-ZIP			CHY ST-	- ZIP		_			

inclination of the corporation of the receiver or trustee empowered to execute this required by 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RULFIGAR REZA 1/23/0

- 239.878-200