	2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED 3 Jan 23, 2006 08:00 AM		
[ICI IIIy Na	JMENT # P96000033	926		Secretary of State		
F	VA I	FOODSTORES, INC.					
p	70 Pla	Toe of Business	- Mailing Address		-		
2		LO AVE	205 MURILLO AVE				
S	GUSTINE FL 32095		ST AUGUSTINE FL 32095				
2.	(scipa	Place of Business	3. Mailing Address		Consider the cold and and and and and and and and and a district the last a district to the cold and a		
_	e Api	1. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)		
	(ate	City & State		4. FEt Number 59-3382027 Applied Fo		
		Country	Zıp	Country	Certifficate of Status Desired		
		6. Name and Address of Currer	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent		
				Name			
	5	CHURCH & PARSONS, P.A. 10 N PONCE DE LEON AVE AUGUSTINE FL 32084	. · <u>-</u>	Street Address	(P.O. Box Number is Not Acceptable)		
		i	:	City	FL Zip Code		
8.	abov	e named entity submits this statement	for the purpose of changing its	registered office or registr	ered agent, or both, in the State of Florida. I am familiar with, and according		
Si	UHE	ations of registered agent.	;				
		Signature typed or printed name of registered age	nt end hitc if applicable (NOTE	Registered Agent signature require	od when reinstaling) DATE		
M	AUG	FILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.0 Is Payable to Florida Department	IQ of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee:		
tc		OFFICERS AN	ENGAGERY C. S. O. M. C.	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
П		DPST	☐ Delete	TITLE	☐ Change ☐ Add		
NA STI	Went SS	PATEL, JAYANTIBHAI R . 205 MURILLO AVE		NAME STREET ADDRESS	U00000396257 01/30/06-80002-009 150.00		
C77	#**	ST AUGUSTINE FL 32095		_ CITY- ST-ZIP			
na) Str	mar22	-	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Add		
CIT		ST AUGUSTINE FL 32095	. = ·	CITY-ST-ZIP			
TITE NAT			☐ Delete	TITLE	☐ Change ☐ Add		
STF	CUBESS			NAME STREET ADDRESS			
cr	IP.			CHTY-ST-ZIP			
TITI			☐ Delete	TITLE	☐ Change ☐ Addi		
NA?		;	:	NAME			
ST# CIT	315 			STREET AODRESS CITY-ST-ZIP			
777			☐ Delete	TITLE	☐ Change ☐ Addition		
NAR		:	, ucicia	NAME	□ cuquila		
STR	114622			STREET ADDRESS			
Cit.			F4	CITY-SI-DP			
TITL NAA		}	. Delete	TITLE NAME	☐ Change ☐ Addition		
STR	UNUSS.			STREET ADDRESS			
CIT	<u></u>			CITY-ST-ZIP			

Laby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information in ated 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 the composation 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 ar Block 11 tranged, or on an attachment with an address, with all other like empowered.

NATURE:

TRYANTIBHAT TAPPARTIBHAT TAPPARTEL 1-19-06 (90H) 824-27P7

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