2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# P96000054993

Entity Name: KING STREET FOOD MART CORP.

Current Principal Place of Business:

667 WEST KING STREET
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

526 NORTH.ORANGE AVE
GREEN COVE SPRING, FL 32043

Current Mailing Address:

667 WEST KING STREET
ST. AUGUSTINE, FL 32095

New Mailing Address:

526 NORTH.ORANGE AVE
GREEN COVE SPRING, FL 32043

FEI Number: 59-3399736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ISSA, ABAS I
667 WEST KING STREET
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

ISSA, ABAS I
291 GLENEAGELS DRIVE
ORANGE PARK, FL 32073 US

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: 02/05/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P. ( ) Delete
Name: ISSA, ABAS I
Address: 291 GLENEAGLES DR.
City-St-Zip: ORANGE PARK, FL 32073

Title: V.P. ( ) Delete
Name: CHARBONNEAU, MICHAEL T
Address: 2820 NEEDLES CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T ( ) Delete
Name: ISSA, YOUSEF
Address: 291 GLENEAGLES DR.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ABAS I ISSA P 02/05/2008
Electronic Signature of Signing Officer or Director — Date