


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000044503 1. Entity Name STOP & SAVE FOOD STORE #5002, INC.	
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Principal Place of Business 404-406 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442	Mailing Address 404-406 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442
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03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0837779	Applied For Not Applied
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SOHID, MO 281 FORSYTH STREET BOCA RATON, FL 33487
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000544387 05/11/06-80033-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHAN, RANA M 281 FORSYTH ST. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOHID, MO. 281 FORSYTH ST. BOCA RATON, FL 33487
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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: Mohammad Sohail 04/27/06 954-480-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #