

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000102114

Entity Name: CHULUOTA GROCERY, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

95 EAST 7TH STREET, #109  
CHULUOTA, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

95 EAST 7TH STREET, #109  
CHULUOTA, FL 32766

**New Mailing Address:**

FEI Number: 59-3543923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIAB, DIB  
95 EAST 7TH STREET, #109  
CHULUOTA, FL 32766 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIAB, DIB  
Address: 95 EAST 7TH STREET, #109  
City-St-Zip: CHULUOTA, FL 327668831

Title: V  
Name: DIAB, HABIB  
Address: 95 EAST 7TH STREET, #109  
City-St-Zip: CHULUOTA, FL 327668831

Title: S  
Name: ROSETTE, DIAB  
Address: 95 EAST 7TH STREET, #109  
City-St-Zip: CHULUOTA, FL 327668831

I hereby 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 all other like empowered.

SIGNATURE: DIB DIAB

D

04/18/2011

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

\_\_\_\_\_  
Date