

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000000335

1. Entity Name  
NWH FOOD STORE, INC.



FILED

06 APR 28 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1917 W. PENSACOLA ST.  
TALLAHASSEE, FL 32304

Mailing Address  
1917 W. PENSACOLA ST.  
TALLAHASSEE, FL 32304

*Handwritten signature*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04282006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3550180

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABULABAN, WALID  
1104 OLD BAINBRIDGE RD.  
TALLAHASSEE, FL 32303

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1975 Hickory Tree LN  
Tallahassee  
City  
FL Zip Code 32303

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ABULABAN, WALID  
STREET ADDRESS 1917 W. PENSACOLA ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME QASEM, DANNY  
STREET ADDRESS 1610 W TENNESSEE STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Handwritten signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06  
Date

5242105  
Daytime Phone #

700074513247  
05/12/06--01025--001 \*\*750.00