

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 25 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSL*



04252007 Chg-P CR2E034 (12/06)

**DOCUMENT # P99000000335**

1. Entity Name  
NWH FOOD STORE, INC.



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

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

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
*2029 Cantigny Way*  
Suite, Apt. #, etc.

City & State  
*Tall FL*

Zip  
*32308*

Country

6. Name and Address of Current Registered Agent  
ABULABAN, WALID  
~~1917 W. PENSACOLA ST.~~  
~~TALLAHASSEE, FL 32304~~

4. FEI Number  
**59-3550180**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*2029 Cantigny Way*  
City *Tallahassee* FL Zip Code *32308*

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, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	P ABULABAN, WALID 1917 W. PENSACOLA ST. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/03/07--01020--011 \*\*1650.00

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/25/07* Daytime Phone: *5242105*