

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000004133

1. Entity Name

A & E GROCERY ENTERPRISES, INC.



Principal Place of Business

7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

Mailing Address

7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3550502**

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

YAZJI, ADMOUN
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 (Applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 ☐ Delete
NAME
DPT
YAZJI, ADMOUN
STREET ADDRESS
7006 ATLANTIC BLVD.
CITY- ST- ZIP
JACKSONVILLE FL 32211-8706

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

TITLE ☐ Delete
NAME
DPT
YAZJI, ELIAS
STREET ADDRESS
7006 ATLANTIC BLVD.
CITY- ST- ZIP
JACKSONVILLE FL 32211-8706

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

TITLE ☐ Delete
NAME
DS
YAZGE, NAZEM
STREET ADDRESS
4326 FERN CREEK DR
CITY- ST- ZIP
JACKSONVILLE FL 32277-1140

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

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Date

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