

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000033977

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN ONE STOP GROCERY, INC.

**Current Principal Place of Business:**

5010 N 15 ST.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

15103 REDVALE DR.  
TAMPA, FL 33625

**New Mailing Address:**

9043 LOST MILL DRIVE  
LAND O' LAKES, FL 34638

**FEI Number:** 59-3571769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RADHACHARAN, TOTARAM  
15103 REDVALE DR.  
TAMPA, FL 33625 US

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

RADHACHARAN, VERONICA  
9043 LOST MILL DRIVE  
LAND O'LAKES, FL 34638 US

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: VERONICA RADHACHARAN

01/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RADHACHARAN, VERONICA  
Address: 9043 LOST MILL DRIVE  
City-St-Zip: LAND O' LAKES, FL 34638

Title: D  
Name: RADHACHARAN, NICHOLAS T  
Address: 9043 LOST MILL DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

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: VERONICA RADHACHARAN

PRES

01/10/2011

Electronic Signature of Signing Officer or Director

Date