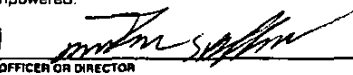


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-02-2006 90076 001 ***150.00

DOCUMENT # S61406 1. Entity Name 4-YOU FOOD STORES, INC.																																																																																																					
Principal Place of Business 3959 SPRING GLENN ROAD JACKSONVILLE FL 32207			Mailing Address 3959 SPRING GLENN ROAD JACKSONVILLE FL 32207																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3072084 Applied For ☐ Not Applicable																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent ISAAC, FRED C 2468 ATLANTIC BLVD JACKSONVILLE FL 32207																																																																																																					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>D SALLIUM, MAZEM</td> <td></td> <td>STREET ADDRESS</td> <td>3959 SPRING GLEN RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3935 PITTMAN DR. JACKSONVILLE FL 32207</td> <td></td> <td>CITY-ST-ZIP</td> <td>JAX, FL 32207</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	D SALLIUM, MAZEM		STREET ADDRESS	3959 SPRING GLEN RD		CITY-ST-ZIP	3935 PITTMAN DR. JACKSONVILLE FL 32207		CITY-ST-ZIP	JAX, FL 32207		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																		
TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition																																																																																																
STREET ADDRESS	D SALLIUM, MAZEM		STREET ADDRESS	3959 SPRING GLEN RD																																																																																																	
CITY-ST-ZIP	3935 PITTMAN DR. JACKSONVILLE FL 32207		CITY-ST-ZIP	JAX, FL 32207																																																																																																	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY-ST-ZIP			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: MAZEM SALLIUM  2-27-06 - 904-6130524 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																					



ATTACHMENT

66003216

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

4-YOU FOOD STORES, INC.
3959 SPRING GLENN ROAD
JACKSONVILLE, FL 32207

Subject: 4-YOU FOOD STORES, INC.

Reference Number: **S61406**

~~Please be advised~~, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION