


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V10124	
1. Entity Name FA & M WEST INDIAN GROCERY & DISCOUNT BEAUTY SUPPLIES, INC.	

Principal Place of Business 18400 NW 2ND AVE BAYS # 7 & 8 MIAMI, FL 33169	Mailing Address 18400 NW 2ND AVE BAYS # 7 & 8 MIAMI, FL 33169
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05042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0312633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent MCCALLA, FREDERICKA 18400 NW 2ND AVE BAYS # 7 & 8 MIAMI, FL 33169
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**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>5/3/06</u>

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MCCALLA, FREDERICKA 2760 GARDEN DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCCALLA, ANDREW 2760 GARDEN DR COOPER CITY, FL
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U00000564756
05/20/06-80090-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 fully and address, with all other like empowered.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>5/3/06</u> <small>Daytime Phone #</small>