

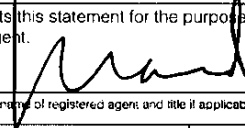
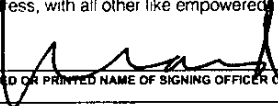


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 032 ***158.75

DOCUMENT # V54240 1. Entity Name F. S. STORES, INC.					
Principal Place of Business 5800 N.W. 74TH AVENUE MIAMI, FL 33166 US				Mailing Address 5800 N.W. 74TH AVENUE MIAMI, FL 33166 US	
2. Principal Place of Business - No P.O. Box # 18001 Old Cutler Road		3. Mailing Address 18001 Old Cutler Road			
Suite, Apt. #, etc. Suite # 370		Suite, Apt. #, etc. Suite # 370		04012008 Chg-P CR2E034 (12/06)	
City & State Palmetto Bay, FL		City & State Palmetto Bay, FL		4. FEI Number 65-0347721	
Zip 33157		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, JUAN 5800 N.W. 74TH AVE. MIAMI, FL 33166				7. Name and Address of New Registered Agent Name Corporate Creations Network, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPECT FIELDS ROAD # 221E City Palm Beach FL Zip Code 33410	
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  DATE 4/8/08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP BARED, JOSE 5800 N.W. 74TH AVENUE MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bared, JOSE 18001 Old Cutler Road, Suite 370 Palmetto Bay, FL 33157
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE 4/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					