

FROM :

FAX NO. :

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90776 046 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000018609</b>			
1. Entity Name <b>SHAHAN FOOD MAX INC.103</b>			
Principal Place of Business <b>2704 MICHIGAN AVE KISSIMMEE, FL 34744</b>		Mailing Address <b>2704 MICHIGAN AVE KISSIMMEE, FL 34744</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ALI, SHAMIM M 817 18TH ST S/W LARGO, FL 33770</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number's Not Acceptable)		Street Address (P.O. Box Number's Not Acceptable)	
City		City	Zip Code
FL			
8. The above named entity submits the 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 _____			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AHMED, MIR M</b>	NAME	
STREET ADDRESS	<b>817 18TH ST S/ W</b>	STREET ADDRESS	
CITY ST ZIP	<b>LARGO, FL 33770</b>	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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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 exemption stated in Section 119.07(3)(f), 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 another like empowered.			
SIGNATURE: <i>Mahmud</i>		SIGNATURE: <b>MIR M. AHMED</b>	
DATE: _____		DATE: <b>4/28/04</b>	

14018505



04282004 Chg-P CR2E094 (10/03)

4. FEI Number  
**92-0060860-1**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City **FL** Zip Code

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$850.00**

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

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SIGNATURE: *Mahmud* SIGNATURE: **MIR M. AHMED** DATE: **4/28/04**