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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

24081178

08092004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000134770

1. Entity Name
19TH AVENUE FOOD MART & TAKE-OUT, INC.

Principal Place of Business	Mailing Address
1900 N W 6TH STREET FT. LAUDERDALE, FL 33311	1900 N W 6TH STREET FT. LAUDERDALE, FL 33311

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 80-0083114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURNER, OTHEL 5787 W. SUNRISE BLVD. PLANTATION, FL 33313	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PST LEMON, TERRANCE 533 NW 18TH AVENUE FT. LAUDERDALE, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT MITTIE ADAMS 701 NE 16TH AVE.#2 FT.LAUD,FL 33304 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMON, TERRANCE 533 NW 18TH AVENUE FT. LAUDERDALE, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 08-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment D04081128

OTHEL TURNER & CO.

ACCOUNTANTS
5787 WEST SUNRISE BOULEVARD • HUMANA PLAZA
PLANTATION, FLORIDA 33313
(954) 583-2205 FAX: (954) 321-0532

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FILED
04 NOV -2 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

August 4th 2004, 2004

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: 19th AVENUE FOOD MART & TAKE OUT, INC
DOCUMENT NO: P03000134770

This letter is written as a request for abatement of the $400.00 late fee due to reasonable cause, as requested by your office.

The taxpayer never received your original notice.

Herewith enclosed is a Check in the amount of $150.00 for 19TH Avenue Food Mart & Take Out, Inc

Please file accordingly and abate the late fee.

Sincerely,

Othel Turner
for Terrance Lemon