844 NW 10TH FORT LAUDE	TER RDALE, FL 33311			
Current Ma	iling Address:			
844 NW 10 ⁻ FORT LAUI	TH TER DERDALE, FL 33311 US			
FEI Number: 92-3547829		Certificate of Status Desired: No		
Name and	Address of Current Registered Agent:			
AKKAS, MD A 5401 NW 95TH SUNRISE, FL	HAVE			
The above name	ed entity submits this statement for the purpose of changing its rec	listered office or reals	tered agent or both in the State of Flo	orida
The above hame	to entity submits this statement for the purpose of changing its reg	istered office of regis	torou ugorig or bourg in the olute or ris	
	E: MD ALI AKKAS			03/18/2024
	, , , , , , , , , , , , , , , , , , , ,			
SIGNATUR	E: MD ALI AKKAS			03/18/2024
SIGNATUR	E: MD ALI AKKAS Electronic Signature of Registered Agent	Title	DIRECTOR	03/18/2024
SIGNATUR Officer/Dire	E: MD ALI AKKAS Electronic Signature of Registered Agent			03/18/2024
SIGNATUR Officer/Dire	E: MD ALI AKKAS Electronic Signature of Registered Agent ector Detail : VP	Title	DIRECTOR	03/18/2024
SIGNATUR Officer/Dire Title Name	E: MD ALI AKKAS Electronic Signature of Registered Agent ector Detail : VP AKKAS, MD ALI 2833 SW 4TH CT	Title Name	DIRECTOR ROBIN, KAZI 7730 NW 50TH STREET #202	03/18/2024
SIGNATUR Officer/Dire Title Name Address	E: MD ALI AKKAS Electronic Signature of Registered Agent ector Detail : VP AKKAS, MD ALI 2833 SW 4TH CT	Title Name Address	DIRECTOR ROBIN, KAZI 7730 NW 50TH STREET #202	03/18/2024
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	E: MD ALI AKKAS Electronic Signature of Registered Agent ector Detail : VP AKKAS, MD ALI 2833 SW 4TH CT FORT LAUDERDALE FL 33312	Title Name Address	DIRECTOR ROBIN, KAZI 7730 NW 50TH STREET #202	03/18/2024
SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: MD ALI AKKAS Electronic Signature of Registered Agent ector Detail : VP AKKAS, MD ALI 2833 SW 4TH CT FORT LAUDERDALE FL 33312 PRESIDENT	Title Name Address	DIRECTOR ROBIN, KAZI 7730 NW 50TH STREET #202	03/18/2024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MOHAMMED MOSIUR RAHMAN

Electronic Signature of Signing Officer/Director Detail

FILED Mar 18, 2024 **Secretary of State** 0142943713CC

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P23000030792

Entity Name: MAARS FOOD STORE INC

Current Principal Place of Business:

PRESIDENT

Date