## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # F01000005601 07-23-2004 90006 045 \*\*\*158.75 QUICK SERVICE FOODS - TAMPA, INC. Principal Place of Business Mailing Address 1211 N. WESTSHORE BLVD. 1211 N. WESTSHORE BLVD. 44049556 STE. 701 STE. 701 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192004 CR2E034 (10/03) Cha-P City & State POR DEPARTMENT OF City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, REIHANI Street Address (P.O. Box Number is Not Acceptable) C/O QUICK SERVICE 1211 N. WESTSHORE BLVD #701 TAMPA, FL 33607 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PITIDIC PST TITLE ☐ Delete Change TITLE ■ Addition Reihani, Ford 1211 N. Westshore Blvd, #701 REIHANI; FORD NAME NAMÉ STREET ADDRESS 1211 N. WESTSHORE BLVD, #701 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP Tampa, FL 33607 CD Delete TITLE TITLE ☐ Change Addition Juarez, Diana 1211 N. Westshore Blvd., #701 REIHANI! FORD NAME MARKE 1211 N. WESTSHORE BLVD. #701 STREET ADDRESS STREET ADDRESS TAMPA, FL 33607 Tampa, FL 33607 CITY-ST-ZIP CITY-ST-ZIP TITLE-Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME Ole Hundred Fifty Eight Dollars A NAME⊃ C® STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Jul 23, 2004 8:00 am