

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90012 034 ***150.00

DOCUMENT # F35443

1. Entity Name
T.S.F. FOOD STORES, INC.



Principal Place of Business
1337 WASHINGTON AVE
MIAMI BCH, FL 33139 US

Mailing Address
1337 WASHINGTON AVE
MIAMI BCH, FL 33139 US

44023367



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2093562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAPUR, VIKAS
17323 SW 32 LN
MIRAMAR, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KHAN, MOHAMMED A
STREET ADDRESS 8845 RAMBLEWOOD DRIVE #1716
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VD
NAME KAPUR, VIKAS
STREET ADDRESS 17323 SW 32 LANE
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Mohammed A Khan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04
Date

(954) 234-4299
Daytime Phone #