2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 21, 2005 8:00 am Secretary of State DOCUMENT # J61076 1. Entity Name 02-21-2005 90080 037 ***150.00 A-1 HANDI-MART, INC. Principal Place of Business Mailing Address 802 15TH ST. E. BRADENTON FL 34208 802 15TH ST. E. BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2788377 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUSSAM, J, BR, L Street Address (P.O. Box Number is Not Acceptable) 4212 53RD AVÉ W #2005 **BRADENTON FL 34210** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 PD TITLE TITLE ☐ Delete JIBRIL, RUBA NAME JIBRIL, RYBA NAME 4212 53RD AVE #2005 2/2-53RD. AVE. # 2005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition AKRAM NASHNI 802-15th. ST. E. NAME TIBRIL, HUSSAM NAME STREET ADDRESS 4212 53RD AVE W #2005 STREET ADDRESS BRADENTON, FL. 34208 BRADENTON FL 34210 CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

OFFICER OR DIRECTOR

FILED