

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90045 013 ***150.00

DOCUMENT # J94867

1. Entity Name

SHAKRA'S DELI, INC.



Principal Place of Business

1893 NE JENSEN BCH. BLVD.
JENSEN BCH FL 34957
US

Mailing Address

1893 NE JENSEN BCH. BLVD.
JENSEN BCH FL 34957
US

2. Principal Place of Business

1888 NE Jensen Bch Blvd

3. Mailing Address

1888 NE Jensen Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Bch, FL

City & State

Jensen Bch, FL

Zip

34957

Country

US

Zip

34957

Country

US



MOORE

CR2E034 (11/03)

4. FEI Number

65-0009003

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAKRA, ANUHEA
1888 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34952
1888

7. Name and Address of New Registered Agent

Name

SHAKRA'S SHAKRA ANUHEA

Street Address (P.O. Box Number is Not Acceptable)

1888 NE Jensen Bch Blvd

City

Jensen Bch

FL

Zip Code

34957

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

Anuheea Shakra

2/16/04

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SHAKRA, JEFFREY
STREET ADDRESS 1786 S.E. DURANGO ST.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE VPS ☐ Delete
NAME SHAKRA, ANUHEA
STREET ADDRESS 1786 S.E. DURANGO ST.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anuheea Shakra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/04 772-334-3641