2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K36339

1. Entity Name FIESTA FOOD MARKET, INC.

Maifing Address

Principal Place of Business C/O MAHER J. DAJANI 1249 W SUNRISE BLVD FT. LAUDERDALE, FL 33311 UST

C/O MAHER I. DAJANI 1249 W SUNRISE BLVD

FT. LAUDERDALE, FL 33311

US

FILED Mar 10, 2004 08:00 AM Secretary of State



02272004

No Chg-P

GR2E034 (10/03)

4. FEI Number 65-0075136

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DAJANI, MAHER J 1249 W. SUNRISE BLVD FT. LAUDERDALE, FL 33311

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 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 privided name of registered agent and title if sopticable. (NOTE Registered Agent signature (squired when refreshing).					
Signature, typed or privide name of registered agent and tife 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		Election Campaign Financin Trust Fund Contribution.	= ==	\$5.00 May Be Added to Fees	U00000082991 03/10/04-80021-003 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	PSD DAJANI, MAHER J 1249 W SUNRISE BLVD FT. LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and if made under cath; 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 if made under cath; 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.

SIGNATURE: 🗸

CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR