2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM

				Secretary of State		
DOCUMENT # K36339 1. Entity Name FIESTA FOOD MARKET, INC.				Scretar	y of State	
C/O MAHER 1249 W SUN	J. DAJANI C IRISE BLVD	ailing Address (O MAHER J. DAJANI 249 W SUNRISE BLVD T. LAUDERDALE, FL 33311	US			
DO NOT WRITE IN THIS SPA			CE	01172005 No Chg-P		
	6. Name and Address of Current Regis	tered Agent		The state of the s	e nequired	
DAJANI, MAHER J 1249 W. SUNRISE BLVD FT. LAUDERDALE, FL 33311				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 Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
Atter may 1, 2003 Fee Will be \$350.00			1	bu to rees	and the second s	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD DAJANI, MAHER J 1249 W SUNRISE BLVD FT. LAUDERDALE, FL			U00000194491 	017 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE	· · · - · -	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			1			

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.

SIGNATURE: ∠

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

954-764- 2057 Daytime Phone #