


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L10680	
1. Entity Name CORNER STORE CORPORATION OF DELRAY BEACH	

Principal Place of Business 15061 JOG ROAD DELRAY BEACH FL 33446	Mailing Address 15061 JOG ROAD DELRAY BEACH FL 33446
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0292388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BHUIYAN, EKRAMUL 15061 JOG ROAD DELRAY BEACH FL 33446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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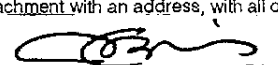
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME BHUIYAN, EKRAMUL I	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 000000237884
STREET ADDRESS 15061 JOG ROAD	CITY- ST- ZIP DELRAY BEACH FL 33446	STREET ADDRESS 02/21/05-80075-022	CITY- ST- ZIP 150.00
TITLE VSD <input type="checkbox"/> Delete	NAME RATNA, MAMRVZA E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6287 SCOTCH PINE LANE	CITY- ST- ZIP LAKE WORTH FL 33462	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD <input type="checkbox"/> Delete	NAME ERINA, NIGAR E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6287 SCOTCH PINE LANE	CITY- ST- ZIP LAKE WORTH FL 33462	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **(EKRAMUL I BHUIYAN)** **2-17-05** **561-996-5885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #