

2004 FOR PROFIT CORPORATION ANNUAL REPORT


08-23-2004 90026 034 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069190
1. Entity Name
COQUINA MARKET, INC.



Principal Place of Business 3910 6 STREET SOUTH SAINT PETERSBURG, FL 33705	Mailing Address 3910 6 STREET SOUTH SAINT PETERSBURG, FL 33705
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DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1139830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALBARGOTHI, SAMIR 3910 6 STREET SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALBARGUTHI, MAHER 3910 6 STREET SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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 [Signature] Date 7/25/04 Daytime Phone # 813-760-7658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

PROFESSIONAL BOOKKEEPERS



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.
Phone 813-288-8170 ♦ Fax 813-282-3169

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TALLAHASSEE, FLORIDA

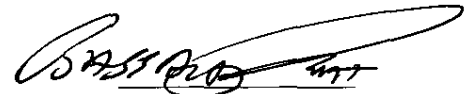
September 02, 2004

TO WHOM IT MAY CONCERN:

I BASSAM J SALEH THE OWNER OF PROFESSIONAL BOOKKEEPERS HAVE MANY OF MY CLIENTS
CALL ME THAT THEY DID NOT RECEIVE THE FIRST RENEWAL.
THIS IS ONE OF THEM PLEASE ACCEPT THE RENEWAL AND WAVE THE LATE FEE FOR THAT
MATTER.
THANK YOU FOR YOUR HELP.
IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE DO NOT HESITATE TO CALL.

CORP. # P00000069190

Sincerely,


BASSAM J. SALEH