

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90032 035 ***150.00

DOCUMENT # P01000004675

1. Entity Name
VALENCIA FOOD STORES #142, INC.

Principal Place of Business
**7802 KINGSPONTE PARKWAY
SUITE 205
ORLANDO, FL 32819**

Mailing Address
**7802 KINGSPONTE PKWY
STE 203
ORLANDO, FL 32819**

34030616



2. Principal Place of Business
9901 S.W. 142nd Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207-A

03042004 Chg-P CR2E034 (10/03)

City & State
Miami FL

City & State

4. FEI Number
65-1067357

Applied For
Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORDINOLA, JORGE A
7802 KINGSPONTE PARKWAY
STE 207-B
ORLANDO, FL 32819**

Name
S.A.O. Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
7802 Kingspointe Pkwy
207-A
City
Orlando FL Zip Code
32819

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, 2004 Fee will be \$550.00**

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
**V
ABDELLATIF, NIDAL
901 SW 189 AVE
HOLLYWOOD, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHEHADEH, MOHAMED
901 SW 189 AVE
TOMPOROKE PINES, FL 33079**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHIHADAH, MARWAN
989 NW 155 TERRACE
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**901 SW 189 AVE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**901 SW 189 AVE
PEMBROKE PINES, FL 33029**

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CITY-ST-ZIP
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☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/04