

FILED

May 03, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000040226			
1. Entity Name FLORIDA PURCHASING, INC.			
Principal Place of Business 3924 ADRA AVENUE MIAMI, FL 33178		Mailing Address 3924 ADRA AVENUE MIAMI, FL 33178	
DO NOT WRITE IN THIS SPACE		04302004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1097315 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHABBAZ, GABY 3924 ADRA AVENUE MIAMI, FL 33178		DO NOT WRITE IN THIS SPACE	
7. 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 state if applicable. (NOTE: Registered Agent signature required when changing)			
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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHABBAZ, GABY 3924 ADRA AVENUE MIAMI, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLISKY, LIDA 3924 ADRA AVENUE MIAMI, FL 33178		
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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: <u>GABY KHABBAZ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-29-04 Date Day, the Month	