

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90033 001 \*\*\*150.00

**DOCUMENT # P01000048894**

1. Entity Name

**SPEEDY'S FOOD STORE & DELI 35 INC.**



Principal Place of Business

**6610 NORTH UNIVERSITY DRIVE  
SUITE 220  
FORT LAUDERDALE, FL 33321**

Mailing Address

**6610 NORTH UNIVERSITY DRIVE  
SUITE 220  
FORT LAUDERDALE, FL 33321**

**94058245**



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1103977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SINGH, MANNY  
6610 NORTH UNIVERSITY DRIVE  
SUITE 220  
FORT LAUDERDALE, FL 33321**

**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.

(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 PD  
NAME SINGH, MANNY  
STREET ADDRESS 6610 NORTH UNIVERSITY DRIVE, SUITE 220  
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE VPD  
NAME HAROON, MA  
STREET ADDRESS 6610 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 officer with an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-04**

**954-722-1300**