


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90038 017 \*\*\*150.00

<b>DOCUMENT # P01000055068</b> 1. Entity Name FRESHCO FOODS, INC.	
---	---

Principal Place of Business 7535 DOLELAND MALL KI-18 MIAMI, FL 33156	Mailing Address 7535 DOLELAND MALL KI-18 MIAMI, FL 33156
---	---

**54003134**

2. Principal Place of Business <i>7535 DadeLand MALL</i>	3. Mailing Address <i>7535 DadeLand MALL</i>
Suite, Apt. #, etc. <i>KI-18</i>	Suite, Apt. #, etc. <i>KI-18</i>

City & State <i>MIAMI, FL</i>	City & State <i>MIAMI, FL</i>
----------------------------------	----------------------------------

Zip <i>33156</i>	Country <i>USA</i>	Zip <i>33156</i>	Country <i>USA</i>
---------------------	-----------------------	---------------------	-----------------------

01192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1109119**

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

6. Name and Address of Current Registered Agent  QUAIDER, ALEXANDER 7535 DOLELAND MALL KI-18 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name <i>QUAIDER, ALEXANDER</i> Street Address (P.O. Box Number is Not Acceptable) <i>7535 DadeLand MALL, KI-18</i> City <i>MIAMI</i> FL Zip Code <i>33156</i>
---	---

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 *ALEXANDER QUAIDER* DATE *1/30/04*

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OWAIDER, KHALED I <input type="checkbox"/> Delete 7535 DOLELAND MALL, #KI-18 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD QUAIDER, Alexander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7535 DadeLand MALL, KI-18 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUAIDER, SAM <input type="checkbox"/> Delete 7535 DOLELAND MALL, #KI-18 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUAIDER, SAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7535 DadeLand MALL, KI-18 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *ALEXANDER QUAIDER* DATE *1/30/04* DAYTIME PHONE # *305/595-4188*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR