

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90465 033 ***150.00

DOCUMENT # P02000087223																													
1. Entity Name CASH & CARRY OF BROWARD, INC.																													
Principal Place of Business 715 NE 44TH COURT FORT LAUDERDALE, FL 33334			Mailing Address P.O. BOX 4082 DEERFIELD BEACH, FL 33442																										
2. Principal Place of Business 751 NE 44TH Ct Suite, Apt. #, etc. Oakland Park, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State		04222004 Chg-P CR2E034 (10/03)																									
Zip 33334		Country BROWARD		4. FEI Number 13-4216650																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent KHAN, RANA 18344 CORAL SANDS WAY BOCA RATON, FL 33498																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																													
FILE NOW!!! FEE IS \$180.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: _____ 4/22/04 954-520-0822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													