2004 FOR PROFIT CORPORATION

ANNUAL REPORT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1021 W SWANN AVE

Suite, Apt. #, etc.

City & State

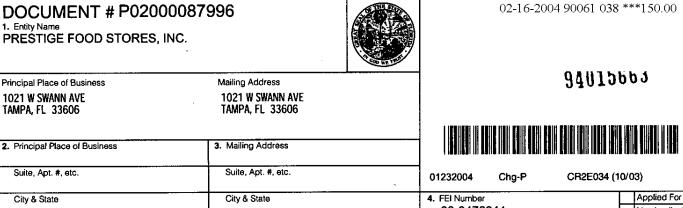
TAMPA, FL 33606

PRESTIGE FOOD STORES, INC.



FILED Feb 16, 2004 8:00 am Secretary of State

02-16-2004 90061 038 ***150.00



City & State		Oily a olalo	Oily a Gialo		1 4.1 2.1 46.1126				
				03-047	6844	Not Applicable			
Zip	Country	Zip	Country 5. Certificate of Status Desired			\$8.75 Additional			
6. 1	Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Agent					
AHMED, RANA			Name						
8700 N 50 ST TAMPA, FL 336	:17		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
TAMEA, FE 330	, , ,								
			City		F	Zip Code			
8. The above named the obligations of	l entity submits this statement registered agent.	for the purpose of changi	ng its registered office or re	egistered agent, or bo	h, in the State of Florida. I a	am familiar with, and accept			
SIGNATURESignature	a, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Agent signature	required when reinstating)	DAT	ſE			
	Will FEE IS \$150.00 2004 Fee will be \$550		ampaign Financing Contribution.	\$5.00 May Be Added to Fees					
	OFFICERS AN	D DIDECTORS	F 44	ADDITIONS	CHANCES TO DESICERS A	NID DIDECTORS IN 11			

•									
10.	. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	Р	☐ Delete	TITLE	NGO R DIL	NAD-1R	☐ Change	Addition		
NAME STREET ADDRESS	AHMED, RANA 8700 N 50 ST		NAME STREET ADDRESS	NOURALI 10704 F	RESTAVE	APT126			
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	TAM PA	R	•			
TITLE NAME STREET ALXORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		. Delete	NAME STREET ADDRESS CITY-ST-ZIP	د مستند د مستند		. Change	_ Addition:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 supplied emptor is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of flustee 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:

TED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #