


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000097189</b>	
1. Entity Name AMJ CORAL SUPERMARKET, INC.	

Principal Place of Business 275 SW 37TH AVE MIAMI, FL 33134	Mailing Address 275 SW 37TH AVE MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  AKBAR, JUNAID 275 SW 37TH AVE MIAMI, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000123639 04/22/04-80012-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AKBAR, JUNAID 275 SW 37TH AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANZER, MASOOD 275 SW 37TH AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUNAID, FOUZIA 275 SW 37TH AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME 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)(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.

<b>SIGNATURE:</b> 	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		