

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90051 046 ***150.00

DOCUMENT # P02000097854

1. Entity Name
KWIK STOP #18287, INC.



Principal Place of Business Mailing Address
162 NW 51 ST 162 NW 51 ST
BOCA RATON, FL-33431 BOCA RATON, FL-33431

94033504



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State City & State
Zip Country Zip Country

4. FEI Number 74-3064025 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIFRONY, MATTHEW ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET 15TH FLOOR
FORT LAUDERDALE, FL 33301

Name **Mohamed Shihadeh**
Street Address (P.O. Box Number is Not Acceptable)
162 NW 51 Street
City **Boca Raton** FL Zip Code **33431**

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

3-20-2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHIHADAH, MOHAMED | |
| STREET ADDRESS | 1133 S. UNIVERSITY DRIVE | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SHIHADAH, FAWZI | |
| STREET ADDRESS | 1133 S. UNIVERSITY DRIVE | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | Shihadeh, Mohamed | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 162 NW 51 st | |
| STREET ADDRESS | Boca Raton FL 33431 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-04

Date

561-212-6866

Daytime Phone #