

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

02-26-2004 90012 019 ***150.00

DOCUMENT # P02000100742					
1. Entity Name MAS FOOD MART, INC.					
Principal Place of Business 1535 E NEW YORK AVE DELAND FL 32724			Mailing Address 1535 E NEW YORK AVE DELAND FL 32724		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0158556	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHOWDHURY, SAJJAD H 1535 E NEW YORK AVE DELAND FL 32724			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 <i>[Signature]</i>		03/08/04		386-73	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State.					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT NAME SAJJAD H CHOWDHURY <input checked="" type="checkbox"/> Delete STREET ADDRESS 1535 E NEW YORK AVE CITY-ST-ZIP DELAND FL-32724			TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SYED H CHOWDHURY STREET ADDRESS 615 349 HERITAGE ESTATES CITY-ST-ZIP DELAND - FL-32720		
TITLE ANNARUL I CHOWDHURY <input type="checkbox"/> Delete NAME ANNARUL I CHOWDHURY STREET ADDRESS 1043 N WOODLAND TRELAWAY BLVD CITY-ST-ZIP DELAND FL-32720			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MOHAMMED M AZAM <input type="checkbox"/> Delete NAME MOHAMMED M AZAM STREET ADDRESS 4272 MAY PARK LN SECREARY CITY-ST-ZIP PORT ORANGE 32119			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>[Signature]</i>		SYED H. CHOWDHURY		03/08/04-386-734-4994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	