

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000101345

1. Entity Name
PLAZA FOOD STORE INC



FILED

04 FEB 20 PM 3:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VISHUDANAND, RAMESH
8490 SE CR 25
BELLEVUE, FL 34420

**DO NOT WRITE
IN THIS SPACE**

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

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 24/04--01049--011 **150.00
Added to Fees

100029313001

10. OFFICERS AND DIRECTORS

TITLE P
NAME VISHUDANAND, RAMESH
STREET ADDRESS 8490 SE CR 25
CITY-ST-ZIP BELLEVUE, FL 34420

TITLE S
NAME VISHUDANAND, DAMWANTIE
STREET ADDRESS 8490 SE CR 25
CITY-ST-ZIP BELLEVUE, FL 34420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

R Vishudanand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 352-347-6642
Date Daytime Phone #