

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119796

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: STARS & STRIPES FOOD STORES, INC.

## Current Principal Place of Business:

102 NE 2ND STREET  
BOCA RATON, FL 33432

## New Principal Place of Business:

102 NE 2ND STREET  
BOCA RATON, FL 33432 US

## Current Mailing Address:

102 NE 2ND STREET  
BOCA RATON, FL 33432

## New Mailing Address:

102 NE 2ND STREET  
BOCA RATON, FL 33432 US

FEI Number: 82-0573265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SACCO, FRANK  
102 NE 2ND STREET  
BOCA RATON, FL 33432

## Name and Address of New Registered Agent:

SACCO, FRANK  
102 NE 2ND STREET  
BOCA RATON, FL 33432 US

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.

SIGNATURE:

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NASSER, NASHAT  
Address: 5005 NW 58TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: SACCO, FRANK  
Address: 102 NE 2ND STREET PMB 358  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NASSER, NASHAT  
Address: 5005 NW 58TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D (X) Change ( ) Addition  
Name: SACCO, FRANK  
Address: 102 NE 2ND STREET PMB 358  
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK SACCO

D

04/21/2004

Electronic Signature of Signing Officer or Director

Date