

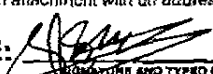
APR-29-2004(THU) 16:47 SHOMAR ACCOUNTING

(FAX) 3054740087

P. 005/005

FILED

May 03, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000130433 1. Entity Name POTATO SACK OF AVENTURA, INC.			
Principal Place of Business 19575 BISCAYNE BLVD #1413 AVENTURA, FL 33180		Mailing Address 19575 BISCAYNE BLVD #1413 AVENTURA, FL 33180	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent SHOMAR, JOSEPH 5190 NW 167TH ST STE #113 MIAMI, FL 33014		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 registering)			
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	
		UN00000151207 05/04/04-80036-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PST	DO NOT WRITE IN THIS SPACE	
NAME	KALACH, NIDAL		
STREET ADDRESS	19575 BISCAYNE BLVD #1413		
CITY-ST-ZIP	AVENTURA, FL 33180		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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)(b), 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 as changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Tomy NIDAL KALACH		4/28/04-305-8150345	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	