## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000001361

FILED Feb 05, 2004 Secretary of State

Entity Na	me: MARY N	MATHA FOOD MART INC				
Current Principal Place of Business:			New Principal Place of Business:			
	MIAMI TRAIL TA, FL 34234					
Current Mailing Address:			New Mailing Address:			
	MIAMI TRAIL TA, FL 34234					
FEI Number	: 11-3671112	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of	Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and	Address of N	lew Register	ed Agent:
	AMES AMIAMI TRAIL 「A, FL 34234					
	e named entity e of Florida.	submits this statement for the pur	pose of changing i	ts registered o	ffice or registe	ered agent, or both,
SIGNATUI	RE:					
	Electro	nic Signature of Registered Agent			Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	URALIL, JAME 2524 N.TAMIA SARASOTA, F	MI TRAIL EL 34234	Title: Name: Address: City-St-Zip:	URALIL, JAMES 2524 N.TAMIAN SARASOTA, FL	/II TRAIL . 34234	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VD () ABRAHAM, SHA 2524 N.TAMIAN SARASOTA, FL	/II TRAIL	aition
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	TD () MADATHILATE, 2524 N.TAMIAN SARASOTA, FL	/II TRAIL	dition
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	SD () CHACKO, PHIL 2524 N.TAMIAN SARASOTA, FL	/II TRAIL	dition

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: JAMES URALIL PD 02/05/2004