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

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P03000007270 Entity Name 04-05-2004 90018 004 ***158.75 EXCELLENT FOOD & EQUIPMENT INC. Principal Place of Business Mailing Address 905 N 40IH AVE HOLLYWOOD FL 33021 905 N 40TH AVE HOLLYWOOD FL 33021 54026597 3. Mailing Address 2. Principal Place of Business 3220 Holly wood Klud 3220 Holly Wood Suite, Apt. #, etc. MOORE CR2E034 (11/03) tolly intoon City & State City & State 4. FEI Number Applied For 96 4 by wood ひ Not Applicable Zip/ Country \$8.75 Additional 5. Certificate of Status Desired 3302/1 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent lasmatali ARESIDENT 1. HASMATALI-GARNET-Zanopher Hasmatuli Street Address (P.Q. Boy Number is Not Acceptable 3220 Holly wood Stud 905 N 40TH AVE HOLLYWOOD FL 33021 3220 Hollywood Blod Holly wood IC 33021. 33021. 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 egistered agent. ZANEPHER HASMATALI relax - CANNER as rate President (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. V.P. GARNET HOSMATALI TITLE Delete TITLE Change Addition HASMATALI, GARNET NAME NAME 3220 Hothywood Blue STREET ADDRESS 905 N 40TH AVE STREET ADDRESS Holly wood AL 33021: HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP Change X Addition TITLE ☐ Delete TITLE ANGPHER HASHATALI NAME NAME 14017 1000y Blog STREET ADDRESS STREET ADDRESS HOUGHOOD PL 33021 CITY-ST-7IP CITY-ST-7IP 7ITLE □ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; 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 any attachment that an address, with all other like empowered. Zancotter Hasharali

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