

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 16 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P03000049783**

1. Entity Name  
**SHIVA FOOD MART INC.**



Principal Place of Business  
**8100 S.W. 178 STREET  
MIAMI, FL 33157**

Mailing Address  
**8100 S.W. 178 STREET  
MIAMI, FL 33157**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 972090**  
Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

Zip  
**33197-2090**

Country  
**USA**

03112004 Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1666245**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIEW, ANDREW S  
18547 S.W. 104TH AVE  
MIAMI FLORIDA, FL 33157**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**19199 S. Dixie Highway**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33157**

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 DATE **3/10/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** **300030597863**  
Added to Fees **03/17/04--01015--015 \*\*300.00**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEW, ANDREW S			NAME			
STREET ADDRESS	8100 S.W. 178 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEW, DIANNE			NAME			
STREET ADDRESS	8100 S.W. 178 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP			
TITLE	SEC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEW, ANDREW			NAME			
STREET ADDRESS	8100 S.W. 178 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP			
TITLE	TRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEW, DIANNE			NAME			
STREET ADDRESS	8100 S.W. 178 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(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: **PRES** **3/10/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #