


FILED  
May 27, 2004 8:00 am  
Secretary of State

5/3

05-03-2004 91030 020 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000055021</b>					
1. Entity Name ADEL WHOLESALE GROCERY INC.					
Principal Place of Business 2500 CHARLEVOIX ST JACKSONVILLE, FL 32206			Mailing Address 2500 CHARLEVOIX ST JACKSONVILLE, FL 32206		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>52-0828994</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZEDAN, RAJEL 2500 CHARLEVOIX ST JACKSONVILLE, FL 32206				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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: <u>Azil Zeidan</u> <u>[Signature]</u> <u>[Signature]</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					