


FILED
Jun 15, 2004 8:00 am
Secretary of State

04-29-2004 90223 004 ***150.00

DOCUMENT # P03000055443 1. Entity Name NOOR FOODMAX NO. 103 INC.			Secretary of State 04-29-2004 90223 004 ***150.00
Principal Place of Business 400 S HIGHLAND AVENUE AVON PARK, FL 33825		Mailing Address 8322 BOLUSIA PALACE TEMPLE TERRACE, FL 33687	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NASIMA, SHANOOR 8322 BOLUSIA PALACE TEMPLE TERRACE, FL 33687		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and its officer(s). (NOTE: Registered Agent's signature required when resigning)</small>			
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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NASIMA, SHANOOR 8322 BOLUSIA PALACE TEMPLE TERRACE, FL 33687 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I/we empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/04 <small>DATE</small>	