


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90330 040 \*\*\*150.00

DOCUMENT # P03000057894					
1. Entity Name JRG FOOD, INC.					
Principal Place of Business 5390 10 AVE GREENACRES, FL 33463		Mailing Address 5390 10 AVE GREENACRES, FL 33463			
2. Principal Place of Business <b>5390 10TH AVE NORTH</b>		3. Mailing Address <b>5390 10TH AVE NORTH</b>			
Suite, Apt. #, etc. <b># 6</b>		Suite, Apt. #, etc. <b># 6</b>			
City & State <b>GREENACRES</b>		City & State <b>GREENACRES,</b>			
Zip <b>FL</b>	Country <b>33463</b>	Zip <b>FL</b>	Country <b>33463</b>	4. FEI Number <b>450515883</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>JAFAR, MOHAMMED ABU 5390 10 AVE GREENACRES, FL 33463</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code <b>FL</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	VD CHOWDHURY, RAFIQU L 5390 10 AVE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHOWDHURY, RAFIQU I 5390 10TH AVE N, GREENACRES, FL-33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAVAR, MOHAMMED A 5390 10 AVE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAFAR, MOHAMMED ABU 5390 10TH AVE N, GREENACRES, FL-33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHAWDHURY, MOHAMMAD G 5390 10 AVE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHAWDHURY, MOHAMMED G 5390 10TH AVE N. GREENACRES, FL-33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 like empowered.					
SIGNATURE: <u>MOHAMMED ABU JAFAR</u> (MOHAMMED ABU JAFAR) 04-13-04 561-317-7332					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	