

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90083 049 ***150.00

DOCUMENT # P03000082015 1. Entity Name PARADISE DELI & MARKET, INC.					
Principal Place of Business 8651 TREASURE CAY LANE ORLANDO, FL 32836 US			Mailing Address 7802 KINGSPONTE PARKWAY SUITE #207-B ORLANDO, FL 32819 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 207-A			
City & State		City & State			
Zip	Country	Zip	Country	01272004 Chg-P CR2E034 (10/03) 4. FEI Number 20-0114068	
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		
ABUSEIF, FARDOS 7410 STATE ROAD 50 GROVELAND, FL 34736			Name ALI, AFTAB Street Address (P.O. Box Number is Not Acceptable) 6365 CONROY RD #2004 City ORLANDO FL Zip Code 32835		
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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			AFTAB ALI <small>(NOTE: Registered Agent signature required when reinstating)</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	P		TITLE	PRESIDENT	
NAME	ABUSEIF, FARDOS		NAME	ALI, AFTAB	
STREET ADDRESS	7410 STATE ROAD 50		STREET ADDRESS	6365 CONROY RD #2004	
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" 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		
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/27/04 <small>Date</small>		
			<small>Daytime Phone #</small>		