F108-23-2004 90026 023 *** 150.00 P03000134770

2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

01+ NOV -2 AM 9: 55 **DOCUMENT # P03000134770** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name 19TH AVENUE FOOD MART & TAKE-OUT, INC. Principal Place of Business Mailing Address 1900 N W 6TH STREET 1900 N W 6TH STREET: 24081178 FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL 33311 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 08092004 Chg-P 4. FELNumber 008 3114 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional Fee Required Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER, OTHEL: Street Address (P.O. Box Number is Not Acceptable) 5787 W. SUNRISE BLVD. PLANTATION, FL 33313 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 8. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PST Delete TIRLE ☐ Change Addition V?PRESIDENT NAME LEMON, TERRANCE HAME MITTIE ADAMS STREET ADDRESS 533 NW 18TH AVENUE STREET ADDRESS 701 NE 16TH AVE.#2 FT.LAUD.FL 33304 FT. LAUDERDALE, FL 33311 CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Delete TITLE ☐ Change ☐ Addition TITLE LEMON, TERRANCE MAME NAME STREET ADDRESS 533 NW 18TH AVENUE STREET ADDRESS FT. LAUDERDALE, FL 33311 CITY-ST-ZIP CITY-ST-ZIP Delete_ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS ZITY-ST-ZIP CITY-ST-ZIP Delete TITLE Сhange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP cm -ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and addurate and that m of the corporation or the requirer if trustee empowered to specula this report changed, or on an attachment with an address, with all other like empowered. he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information afginature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach SIGNATURE:

ACCOUNTANTS OL NOV -2 AM 9: 55

PLANTATION, FLORIDA 33313

SECRETARY OF STATE TALLAHASSEE FLORIDA

August: 4th 2004, 2004

Division of Corporations Annual Report Section P.O. Box 1500 Tallahassee, Fl. 32302-1500

RE: 19th AVENUE FOOD MART & TAKE OUT, INC **DOCUMENT NO: P03000134770**

This letter is written as a request for abatement of the \$400.00 late fee due to reasonable cause, as requested by your office.

The taxpayer never received your original notice.

Herewith enclosed is a Check in the amount of \$150.00 for 19TH Avenue Food Mart & Take Out, Inc

-Please file accordingly and abate the late fee.

Sincerely,

Othel Turner

for Terrance Lemon