

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135453					
1. Entity Name AL BUSTAN FOOD CORP.					
Principal Place of Business 11402 NW 41ST STREET BAY 115 MIAMI, FL 33178			Mailing Address 11402 NW 41ST STREET BAY 115 MIAMI, FL 33178		
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 20-1673084	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HABER, ROBERT M 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW! - FEE IS \$380.00 Due by September 8, 2004.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P/D	MOUNIR MUFFARI	11402 NW 41ST BAY 115	MIAMI, FL 33178	☐ Change ☐ Addition	
VP/D	HANI JARDACK	11402 NW 41ST STREET, BAY 115	MIAMI, FL 33178	☐ Change ☐ Addition	
S/D	GEORGE A. SAMOUR	11402 NW 41ST, BAY 115	MIAMI, FL 33178	☐ Change ☐ Addition	
ASST. SEC.	ROBERT M. HABER	520 BRICKELL KEY DR., 0-305	MIAMI, FL 33131	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE: <i>[Signature]</i> Asst. Sec.				Date: 9/28/04 (305) 374 3800	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09282004 Chg-P CR2E034 (10/03)

8.75 Additional
Fee Required

FL

Zip Code