2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000100177 1. Entity Name BASIA'S FOOD MART, INC.					04-27-2005	5 90319 017 ***15	0.00
Principal Place	e of Business	Mailing Address					
1334 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948		1334 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948		14000484			
				1 10 17 18 17 17 1	FEIR EIRN EETIS ERIN EE		3 3 1 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-13	60320) Ap	plied For t Applicable
Zip	Country		Country		of Status Desired	S8.75 Add Fee Required	
 	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New I	Registered Agent	
KAWEJSZA, BARBARA 1334 EL'ĴOBEAN ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PORT CHARLOTTE, FL 33948					······		
		City			FL Zip Code	9	
	named entity submits this statement for	r the purpose of changing its reg	gistered office or regis	tered agent, or both	, in the State of F	lorida. I am familiar with,	and accept
the obligati	ions of registered agent. · ;						
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: Re	egistered Agent signature requ	red when rainstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECTORS	3 IN 11
TITLE	D	☐ Delete	TITLE			☐ Change	Addition .
NAME STREET ADDRESS	KAWEJSZA, ALINA 2829 CABARET STREET		name Street address				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP				
TITLE	D		CITT-31-2F				
NAME STREET ADDRESS		☐ Delet a	TITLE			☐ Change	Addition
	KAWEJSZA, ZDZISLAW	☐ Delet a	TITLE NAME			☐ Change	Addition
CITY - ST - ZIP		☐ Delete	TITLE			☐ Change	Addition
	KAWEJSZA, ZDZISLAW 2829 CABARET STREET	☐ Oelete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
CITY-ST-ZIP TITLE	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
CITY - ST - ZIP TITLE NAME STREET ADDRESS	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	KAWEJSZA, ZDZISLAW 2829 CABARET STREET PORT CHARLOTTE, FL 33948 D KAWEJSZA; BARBARA 5064 DELIGHT AVENUE	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE			☐ Change	Addition Addition

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:

HOWEN OF SIGNING OFFIGER OR DIRECTOR

941 629-847

Daytima Phone #