


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90522 032 ***150.00

DOCUMENT # P04000114738					
1. Entity Name 7TH AVENUE FOOD STOP INC.					
Principal Place of Business 10690 NW 7TH AVENUE MIAMI, FL 33150 / US 410 EAST OAKLAND PARK Wilton Manors FL 33334			Mailing Address 10690 NW 7TH AVENUE MIAMI, FL 33150 / US 410 E. Oakland Park Blvd Wilton Manors FL 33334		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 201445504	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent HUSSAINI, HUSSAIN 10690 NW 7TH AVENUE MIAMI, FL 33150				7. Name and Address of New Registered Agent	
410 EAST OAKLAND PARK BLVD WILTON MANORS FL 33334				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
9. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer (if applicable). (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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/S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUSSAINI, HUSSAIN		NAME	HUSSAINI, HUSSAIN	
STREET ADDRESS	10690 NW 7TH AVENUE		STREET ADDRESS	410 EAST OAKLAND PARK BLVD	
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP	WILTON MANORS FL 33334	
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		
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		
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		
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		
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 807, 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>Hussaini</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE _____ DAY/TIME PHONE # _____					

66020312



05012005 Chg-P CR2E034 (10/03)