2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2008 08:00 AN e

DOCUMENT # P04000135491 1. Entity Name MAJIK KWIK STOP, INC.						cretary of Stat
Principal Plac	ce of Business	Mailing Address		-		
908 S 22ND ST 908 S 22ND ST						
TAMPA, FL 33605 TAMPA, FL 33605						
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L	OO NOT WRITE	IN THIS SPA	UE .	4. FEI Numb		Applied For
				55-088	4270	Not Applicable
				5. Certificate	of Status Desired	See Required
	6. Name and Address of Current R	egistered Agent		ngaljasi Agget	wind the latest	1. 水量中1. 是 Tart 14 12 12 12 12 12 12 12 12 12 12 12 12 12
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TAMPA, F	L 33607-5310			ini-	THIS SPA	CE
			18.00	IIV		10E
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 accepted obligations of registered agent. U00000952151 06/04/08-80069-004 150.00						
SIGNATURE					<u> U5704708-80</u>	
	Signature, typed or printed name of registered agent and	d title if applicable (NOTE Registere	d Agent signature required	d when reinstaling)		DATE
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		Election Campaign Finar Trust Fund Contribution.			00 May Be ed to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND D	RECTORS	(60) () () () () () () ()			
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NAME	AFZAL, CHAUDHRY					
STREET ADDRESS	8725 DEL REY CT					
CITY-ST-ZiP	TAMPA, FL 33617					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trusted 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-08

Daytime Phone #