

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000170897					
1. Entity Name CHIPOLA MART INC.					
Principal Place of Business 4195 WEST LAFAYETTE MARRINA, FL 32446			Mailing Address 4195 WEST LAFAYETTE MARRINA, FL 32446		
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 56-2498703	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANAJAH, JAHREAL 107 WALLIS ST TALLAHASSEE, FL 32314					
7. Name and Address of New Registered Agent					
Name <u>Fekadu T. ROBA</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4195 Lafayette St</u>					
City <u>Marianna</u> FL Zip Code <u>32446</u>					
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 <u>Fekadu T. Roba</u> <u>Fekadu ROBA</u> <u>2-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P ANAJAH, JAHREAL P.O. BOX 5713 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	president Fekadu ROBA 4195 Lafayette St Marianna, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Fekadu T. Roba</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-19-05</u> <small>Date</small>		<u>850-5261211</u> <small>Daytime Phone #</small>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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