

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90027 009 ***150.00

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1. Entity Name

MIAMI SHORES FOOD STOP, INC.



Principal Place of Business

5407 NW 163RD ST
MIAMI FL 33014

Mailing Address

5407 NW 163RD ST
MIAMI FL 33014

2. Principal Place of Business

11005 NE 6 AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 693192

Suite, Apt. #, etc.

City & State

MIAMI SHORES FL

City & State

MIAMI FL

Zip

33161

Country

Zip

33269

Country

4. FEI Number

36-4580125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

FIRDOUS CHAGANI

Street Address (P.O. Box Number is Not Acceptable)

11005 NE 6th Avenue

City

MIAMI SHORES FL

Zip Code

33161

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 reinstating)

DATE

F. CHAGANI
President

2-13-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHAGANI, FIRDOUS
STREET ADDRESS 5407 NW 163RD ST
CITY-ST-ZIP MIAMI FL 33014

TITLE D ☐ Delete
NAME CHARANIA, MAHMOOD
STREET ADDRESS 5407 NW 163RD ST
CITY-ST-ZIP MIAMI FL 33014

TITLE D ☐ Delete
NAME RAWJINIA, MOHAMED
STREET ADDRESS 5407 NW 163RD ST
CITY-ST-ZIP MIAMI FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIRDOUS CHAGANI

Date

Daytime Phone #

2/13/06 305 322 0529