## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 30, 2006 08:00 AN DOCUMENT # P93000026993 **Secretary of State** SUPER STOP #501, INC. Principal Place of Business Mailing Address 317 E COPANS RD 317 E COPANS RD POMPANO BEACH, FL 33064 US POMPANO BEACH, FL 33064 US 01252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0431313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOHAMMED, PADY DO NOT WRITE 331 NE 26TH STREET POMPANO BEACH, FL 33064 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refrecation) 1300000407378 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/08/06-80016-010 150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PADY, MOHAMED NAME STREET ADDRESS 331 NE 26TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #