2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000026993

1. Entity Name SUPER STOP #501, INC.



Principal Place of Business

317 E COPANS RD POMPANO BEACH, FL 33064 US

Mailing Address
317 E COPANS RD

POMPANO BEACH, FL 33064

FILED Mar 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0431313 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHAMMED, PADY 331 NE 26TH STREET POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

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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 punted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS GITY-ST-ZIP	P PADY, MOHAMED 331 NE 26TH STREET POMPANO BEACH, FL 33064			,	
NAME STREET ADDRESS CITY-ST-ZIP			ı		000000661756 03/20/07-80053-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2IP					
NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·
12. Thereby certify that the information supplied with this filing 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 path; that I am an officer or director					

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE

performed K. Gody

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

13/02/07

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