

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000036524

1. Entity Name
SUPER STOP BRADENTON, INC.



Principal Place of Business
6221 W. ATLANTIC BLVD
MARGATE, FL 33063 US

Mailing Address
6221 W. ATLANTIC BLVD
MARGATE, FL 33063 US



01192004 No Chg-P CR2E034 (10/03)

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4. FEI Number **65-0490672** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENISE QURESHI
6221 W. ATLANTIC BLVD
MARGATE, FL 33063

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST DENISE QURESHI 6221 W. ATLANTIC BLVD FT LAUDERDALE, FL 33067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/26/04-80055-007 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Denise Qureshi Denise Qureshi 1-21-04 954-977-9228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #