FROM :

FAX NO. : 4078314407

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90149 038 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000058844

1. Entry Name
E-Z STOP FOOD MART, INC.

20054563

Principal Place of Business	Mailing Address
2006 S US 1 VERO BEACH, FL 32962 US	2006 S US 1 VERO BEACH, FL 32962 US

04252005 No Charge CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3259890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Fee Required

6. Name and Address of Current Registered Agent

PATEL, TUSHARBHAI
4117 18TH PLACE
VERO BEACH, FL 32960

DO NOT WRITE 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 _____ 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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, TUSHARBHAI
STREET ADDRESS	4117 18TH PLACE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	PATEL, AMISHA
STREET ADDRESS	4117 18TH PLACE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 04/26/05 772-770-3269
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #