

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90016 045 \*\*\*150.00

**DOCUMENT # P95000023838**

1. Entity Name  
**KFJ FOOD MART, INC.**



Principal Place of Business  
**1701 NE 29TH STREET  
 POMPAÑO BEACH, FL 33064**

Mailing Address  
**7002 KINGSPÖINTE PKWY  
 SUITE #207-B  
 ORLANDO, FL 32819**

**14000206**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
**\*207-A**  
 City & State  
 Zip

03052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0575944**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**OWEISI, JAMAL  
 15587 NW 11TH COURT  
 PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P Delete <input type="checkbox"/>	NAME TASLEK, MOHID N.A.	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 1701 NE 29TH STREET	CITY-ST-ZIP POMPAÑO BEACH, FL 33064	NAME	
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

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 DATE **3/12/04** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR