

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90029 024 \*\*\*150.00

**DOCUMENT # P95000037206**

1. Entity Name  
**BUY & SAVE USA OF SEFFNER, INC.**



Principal Place of Business  
**10841 PANICUM CT.  
 NEW PORT RICHEY FL 34655**

Mailing Address  
**10841 PANICUM CT.  
 NEW PORT RICHEY FL 34655**

04001478



MOORE CR2E034 (11/03)

2. Principal Place of Business  
*Buy & Save USA of Seffner Inc*

3. Mailing Address  
*10841 PANICUM CT.*

City & State  
*HOLIDAY FLORIDA*

City & State  
*NEW PORT RICHEY FL.*

Zip  
*34655*

Country  
*PASCO*

Zip  
*34655*

Country  
*PASCO*

4. FEI Number  
**59-3313761**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, LUIS JR.  
 10841 PANICUM CT  
 NEW PORT RICHEY FL 34655**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State.**

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

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	DIAZ, LUIS JR	
STREET ADDRESS	10841 PANICUM CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIAZ, AMY	
STREET ADDRESS	10841 PANICUM CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Luis Diaz Jr* **LUIS DIAZ JR** *1-22-04* **1-22-04** *727 942-4266* **727 942-4266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #