

FROM : PERLA MOBIL

FAX NO. : 813 886 9375

Apr. 22, 2004 08:12PM P3

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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000039529	
1. Entity Name SUN CITY CHEVRON FOOD MART INC.	

Principal Place of Business 711 CYPRESS VILLAGE BLVD. SUN CITY, FL 33573	Mailing Address 711 CYPRESS VILLAGE BLVD. SUN CITY, FL 33573
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04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3314300	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SAMAHA, CHARLES M 259 FOURTH AVE., NORTH ST. PETERSBURG, FL 33701	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 printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when releasing) DATE _____

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	U00000132061 04/27/04-80029-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZAKI, ASHRAF 621 MONTE CRISTO BLVD. TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAKI, SHERINE 621 MONTE CRISTO BLVD. TIERRA VERDE, FL 33715
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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)(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: Ashraf Zaki ASHRAF-ZAKI 4-22-04 (727) 480-8780
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #