

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90247 038 \*\*\*150.00

**DOCUMENT # P95000043171**

1. Entity Name

DANISH FOOD MART, INC.



Principal Place of Business

280 WINDWARD PASSAGE  
CLEARWATER FL 34630

Mailing Address

280 WINDWARD PASSAGE  
CLEARWATER FL 34630

01000000



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3317911

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

X TRIVEDI, JITENDRA  
25 N BELCHER RD F65  
CLEARWATER FL 34625

NO LONGER  
living there.  
new address ->

7. Name and Address of New Registered Agent

Name TRIVEDI, JITENDRA  
Street Address (P.O. Box Number is Not Acceptable)  
320 ISLAND WAY #506  
CLEARWATER  
City FL Zip Code 33767

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 title if applicable.

(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 P  
NAME TRIVEDI, JITENDRA  
STREET ADDRESS 320 ISLAND WAY #506  
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE VP  
NAME TRIVEDI, RITA J  
STREET ADDRESS 320 ISLAND WAY #506  
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE S  
NAME TRIVEDI, AMII (2 is not L)  
STREET ADDRESS 320 ISLAND WAY #506  
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME TRIVEDI, AMII  
STREET ADDRESS 320 Island way #506  
CITY-ST-ZIP Clearwater FL 33767 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

RITA TRIVEDI

RITA TRIVEDI

4/4/04

727-447-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #