

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043171

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: DANISH FOOD MART, INC.

**Current Principal Place of Business:**

280 WINDWARD PASSAGE  
CLEARWATER, FL 34630

**New Principal Place of Business:**

**Current Mailing Address:**

280 WINDWARD PASSAGE  
CLEARWATER, FL 34630

**New Mailing Address:**

280 WINDWARD PASSAGE  
CLEARWATER, FL 33767

FEI Number: 59-3317911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIVEDI, JITENDRA  
320 ISLAND WAY #506  
CLEARWATER BEACH, FL 33767 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRIVEDI, JITENDRA  
Address: 320 ISLAND WAY #506  
City-St-Zip: CLEARWATER, FL 33767

Title: VP ( ) Delete  
Name: TRIVEDI, RITA J  
Address: 320 ISLAND WAY #506  
City-St-Zip: CLEARWATER, FL 33767

Title: S ( ) Delete  
Name: TRIVEDI, AMII  
Address: 320 ISLAND WAY #506  
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: TRIVEDI, ABHA J MS  
Address: 320 ISLAND WAY UNIT #506  
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JITENDRA TRIVEDI

MR

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date