2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000070535

1. Entity Name

KENEIL CORPORATION

SIGNATURE:



FILED Mar 19, 2004 8:00 am Secretary of State 03-19-2004 90034 001 ***150.00

				TRUST			
Principal Plac	e of Business	Mailing Address -					
CITY DISCOUNT BEVERAGE 9260 W. INDIANTOWN ROAD, BAY #4 JUPITER FL 33478		5CITY DISCOUNT BEVERAGE 9260 W. INDIANTOWN ROAD, BAY #4 JUPITER FL 33478					((CEE) 14 JOO
2. Principal P	lace of Business	3. Mailing Address					
Kenei	· ·	Keneil Corporation		<u>1</u>			
Suite, Apt. #, etc. 308 TimberwalkTrail		Suite, Apt. #, etc. 308 Timberwalk Trail		ail	MOORE CR2E034 (11/03)		
City & State	er, FL	City & State Jupiler,	FL		4. FEI Number 65-0604519	No	oplied For ot Applicable
Zip 334		^{Zip} 33 458	Palm Bea	ich	5. Certificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Regi	istered Agent	
SHAH, RAJESH 308 TIMBERWALK TRAIL			Street A	ddress (P	P.O. Box Number is Not Acceptable)		
JUP	ITER FL 33458						
			City			FL Zip Cod	e
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							
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 Finant Trust Fund Contribution.	~ +0.0	0 May Be d to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11
TITLE	P STATE DATEST	☐ Delete	TITLE		PRESIDENT	☐ Change	Addition
NAME . STREET ADDRESS CITY-ST-ZIP	SHAH, RAJESH 308 TIMBERWALK TRAIL JUPITER FL 33458		NAME STREET ADDRESS CITY-ST-ZIP	308	NH, RUPA TIMBERWALK TR PITER FL 33458		:
TITLE		☐ Delete	TITLE		11101 1 1 23-37	☐ Change	Addition
NAME			NAME				
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CITY-ST-ZIP		. ===-	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME Street Address			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
indicated of the coi	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or frustee empo , or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signature shall h as required by Cha	ave the s	ame legal effect as if made under oat	th: that I am an officer	r or director