

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90043 041 ***150.00

DOCUMENT # P95000073553

1. Entity Name
 VALENCIA FOOD STORES, INC.



Principal Place of Business
 2996 NW 55TH AVE.
 LAUDERHILL, FL 33313

Mailing Address
 7802 KINGSVINLE PKWY
 STE 207-3
 ORLANDO, FL 32819 US

04000110



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 7802 KINGSPONTE PKWY
 Suite, Apt. #, etc.
 207-A

03052004 Chg-P CR2E034 (10/03)

City & State
 ORLANDO FL

4. FEI Number
 65-0613552

Applied For
 Not Applicable

Zip
 Country

Zip
 32819
 Country

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

6. Name and Address of Current Registered Agent
 ORDINOLA, JORGE A
 7802 KINGSPONTE PARKWAY
 STE 207-B
 ORLANDO, FL 32819

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

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEHADEH, MARWAN	
STREET ADDRESS	989 NW 155TH TERR.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABDELLATLF, NIDAL	
STREET ADDRESS	901 SW 189 AV E	
CITY-ST-ZIP	HOLLYWOOD, FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOMAMED, SHIHADEY	
STREET ADDRESS	901 SW 189 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33029	
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: *[Handwritten Signature]* PRES. Date: 03-12-2004 Daytime Phone # _____