2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 15, 2008 8:00 am Secretary of State 05-15-2008 90022 043 ***158.75

DOCUMENT # P96000062029 1. Entity Name SUPER STOP #407, INC.				
Principal Place of Business 6221 W ATLANTIC BLVD MARGATE, FL 33063		Mailing Address 6221 W ATLANTIC B MARGATE, FL 3306		40102458
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	_ 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 65-0750720 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OURESHI, MAHAMMAD 6221 W ATLANTIC BLVD MARGATE, FL 33063 City Margate FL Zip Code 3300				
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 Types or prinsipal affirms of registered agent and titled applicable. NOTE: Registered Agent signature required when reinstating) OATE: OATE: State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. OATE: State of Florida. I am familiar with, and accept the obligations of registered agent. OATE: State of Florida. I am familiar with, and accept the obligations of registered agent. OATE: State of Florida. I am familiar with, and accept the obligations of registered agent.				
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	50.00 Trust Fund Co	ontribution.	Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST QURESHI, DENISE 6221 W ATLANTIC BLVD MARGATE, FL 33963	ND DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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indicated	on this report or supplemental repo	ort is true and accurate and tha	at my signature shall have	tined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if