

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065794

FILED  
Jul 01, 2008  
Secretary of State

**Entity Name:** THE CONVENIENT WHOLESALERS OF AMERICA, INC.

**Current Principal Place of Business:**

4700 NW 15TH AVE  
SUITE A  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

4700 NW 15TH AVE  
SUITE A  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-0690235      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HASAN, ADAM  
10141 NW 24TH STREET  
CORAL SPRINGS, FL 33065 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HASAN, ADAM  
Address: 10141 N.W. 24TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: ADAM, SAIRA  
Address: 10141 N.W. 24TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete  
Name: ABOOBAKER, SOHAIL  
Address: 4700 N.W. 15TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 333093767

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: SOBANI, MOHAMMED A  
Address: 841 NW 104TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ADAM HASAN

P

07/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date