


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90014 029 \*\*\*150.00

<b>DOCUMENT # P96000077666</b> 1. Entity Name <b>RJ FOOD MART, INC.</b>					
Principal Place of Business <b>680 NE 33RD ST POMPANO BEACH, FL 33064</b>			Mailing Address <b>7802 KINGSPONTE PKWY #207-A ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>680 NE 33RD STREET</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>POMPANO BEACH, FL</b> Zip      Country <b>33064      US</b>		4. FEI Number <b>65-0704111</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>OWEISI, JAMAL 15587 NW 11TH COURT PEMBROKE PINES, FL 33028</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>OWEISI, JAMAL</b> <b>15587 NW 11 CT</b> <b>PEMBROKE PINES, FL 33028</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>OWEISI, JAMAL</b> <b>3400 STONEBROOK CIRCLE</b> <b>DAVIE, FL 33325</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>HATAR, RAMZI</b> <b>COTOZOVSKI, PROSPEKT BUILDING #43-APT. 93</b> <b>MOSCOU, RUSSIA,</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>03/14/08</b> Daytime Phone #		

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