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## Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # P96000099278** 1. Entity Name SPEEDY'S FOOD STORE SEVENTEEN INC. Principal Place of Business Mailing Address 5470 N.W. 19TH ST. 5470 N.W. 19TH ST. LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 No Chg-P 04112004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0829057 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARLSON, DAVID LEE DO NOT WRITE 8180 N.W. 26TH ST. SUITE 100 IN THIS SPACE MIAMI, FL 33166 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 famillar with, and accept the obligations of registered agent. SIGNATURE. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DÁTE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees <u>U00000127046</u> OFFICERS AND DIRECTOR 04/23/04-80059-019 158.75 10. TITLE NAME ZAFAR, SYED F 9705 SW 95TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 VPD TITLE SYED, MOHAMMAD NAME STREET ADDRESS 9380 N.W. 37TH MANOR SUNRISE, FL 33351 CITY-ST-ZIP BDF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.2004

954.486.1969

Date

Daytime Phone #

FILED