

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000012026

1. Entity Name  
JRB CONVENIENCE STORE, INC.



**FILED  
Feb 10, 2004 8:00 am  
Secretary of State**

02-10-2004 90006 043 \*\*\*150.00

02000000

Principal Place of Business  
660 LINTON BLVD  
SUITE 115  
DELRAY BEACH, FL 33444

Mailing Address  
660 LINTON BLVD  
SUITE 115  
DELRAY BEACH, FL 33444



**DO NOT WRITE IN THIS SPACE**

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0726410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KHAN, BINTU  
112 SUNSET BLVD  
BOYNTON BEACH  
FL 33426

**DO NOT WRITE  
IN THIS SPACE**

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 MD. Raju Zowader

02-02-04

Signature, typed or printed name of registered agent and title if applicable

(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 NAME STREET ADDRESS CITY-ST-ZIP	DP ZOWADER, MOHAMED R 301 CLUB CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KHAN, BINTU 112 SUNSET BLVD BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: MD. Raju Zowader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-04 (54) 265-1113

Date

Daytime Phone #