## 2008 FOR PROFIT CORPORATION A™NUAL REPORT (AR)

## **FILED** Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P97000012026 1. Entity Name JRB CONVENIENCE STORE, INC. Principal Place of Business Mailing Address 660 LINTON BLVD 660 LINTON BLVD SUITE 115 SUITE 115 **DELRAY BEACH FL 33444 DELRAY BEACH FL 33444** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apl. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0726410 Not Applicable Zip Country $Z_{iD}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHAN, BINTU Street Address (P.O. Box Number is Not Acceptable) 112 SUNSET BLVD **BOYNTON BEACH FL 33426** City 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 Square, lyped or printed Harm of rogestimed opentiand the Exciptional (NOTE: Registrated Agort a grouturn required when reinstriting DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE Change ☐ Addition U00000885240 ZOWADER, MOHAMED R NAME NAME n4/18/08-80006-002 150.00 301 CLUB CIRCLE STREET ADDRESS STREET ADDRESS City-St-7/2 BOCA RATON FL 33487 CITY-ST-ZIF TITLE ☐ Derete TITLE Change ☐ Addition KHAN, BINTU NAME NAME STREET ADORESS 112 SUNSET BLVD STREET ADDRESS CITY-S1-7/2 **BOYNTON BEACH FL 33426** CITY-ST-ZIP THILE ☐ De ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Da ete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Derete TITLE ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREE" ADDRESS City-ST-ZP CITY ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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.

Ваустю Епоков

MD. RATU ZOWADER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR