## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 26, 2004 08:00 AM DOCUMENT # P97000036877 **Secretary of State** 1. Entity Name SUPER STOP #701, INC. Principal Place of Business Mailing Address **6221 W ATLANTIC BLVD** 6221 W ATLANTIC BLVD MARGATE, FL 33063 MARGATE, FL 33063 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0771624 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 巫 Fee Required 6. Name and Address of Current Registered Agent QURESHI, DENISE DO NOT WRITE 6221 W ATLANTIC BLVD MARGATE, FL 33063 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE QURESHI, DENISE NAME STREET ADDRESS 6221 W ATLANTIC BLVD U00000013475 CITY-ST-ZIP MARGATE, FL 33063 01/26/04-80055-006 158.75 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04

**FILED** 

954-977-9728