2008 FOR PROFIT CORPORATION

FILED Apr 24, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P97000036877** 1. Entity Name SUPÉR STOP #701, INC. Mailing Address Principal Place of Business **6221 W ATLANTIC BLVD** 6221 W ATLANTIC BLVD MARGATE, FL 33063 MARGATE, FL 33063 No Chg-P CR2E034 (11/05) 04142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0771624 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE QURESHI, DENISE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000918981 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 /13/08-80105-007 158.75 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE QURESHI, DENISE NAME 6221 W ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 TITLE NAME STREET ADDRESS CITY-ST-ZIP

> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 pher like empowered.

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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