


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000080420</b> 1. Entity Name SUPER STOP #802, INC.	
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Principal Place of Business 6221 W ATLANTIC BLVD MARGATE, FL 33063	Mailing Address 6221 W ATLANTIC BLVD MARGATE, FL 33063
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**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0780547	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
QURESHI, DENISE  
6221 W ATLANTIC BLVD  
MARGATE, FL 33063

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST QURESHI, DENISE A 6221 W ATLANTIC BLVD MARGATE, FL 33063
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01/26/04-80055-003 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Denise Qureshi Denise Qureshi 1-21-04 954-977-9728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #