2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90579 037 ***150.00

DOCUMENT # P98000002714

1. Entity Name
KWIK STOP #2604, INC.

Principal Place of Business	Mailing Address
5701 NEBRASKA AVE. TAMPA, FL 33604	5701 NEBRASKA AVE. TAMPA, FL 33604

02162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 4082
City & State	City & State Deerfield Beach, FL
Zip / Country	Zip 33442 / Country BROWARD

4. FEI Number 59-3492682 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AHMED, JALAL 790 E. BAY DR. LARGO, FL 33770	Name Mohammed Khan Street Address (P.O. Box Number is Not Acceptable) 10245 LA Reina Rd City Delray Beach FL Zip Code 33446

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 _____ 4/22/04
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 $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD AHMED, JALAL 790 E. BAY DR. LARGO, FL 33770	☒ Delete	PSD JALAL AHMED 8322 Volusia Place Tampa, FL-33637	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KHAN, MOHAMMED D 16338 FRESH LAKE WAY BOCA RATON, FL 33498	☒ Delete	VP MOHAMMED D. KHAN 10245 LA REINA Rd. Delray Beach, FL-33446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISLAM, MANZURUL 12693 TORBAY DR. BOCA RATON, FL 33428	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 4/22/04 954-520-0822
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #