


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000009521**  
 1. Entity Name  
**FAMILY PRODUCE MARKET & GROCERIES, INC.**



Principal Place of Business      Mailing Address  
**7620 SOUTH DIXIE HIGHWAY**      **7620 SOUTH DIXIE HIGHWAY**  
**WEST PALM BEACH, FL 33405**      **WEST PALM BEACH, FL 33405**

**DO NOT WRITE IN THIS SPACE**



04292004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**58-2372287**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MUSALLAM, NOUHAD C**  
**365 WINTERS ST**  
**WEST PALM BEACH, FL 33405**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000154573  
 05/05/04-20002-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUSALLAM, NOUHAD C
STREET ADDRESS	365 WINTERS ST
CITY - ST - ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	MUSALLAM, SIMON Y
STREET ADDRESS	365 WINTERS ST
CITY - ST - ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	CHAMOUN, GHASSAN C
STREET ADDRESS	1225 N. L STREET
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04-28-04**      Daytime Phone #: **561-533-3682**