


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 038 ***150.00

DOCUMENT # P98000012533	
1. Entity Name J S A FOOD MART, INC.	

Principal Place of Business 7550 W PEMBROKE RD MIRAMAR, FL 33023	Mailing Address 7802 KINGSPONTE PKWY SUITE 207-A ORLANDO, FL 32819
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20004410



2. Principal Place of Business 7550 Pembroke Rd. Suite, Apt. #, etc.	3. Mailing Address 7550 Pembroke Rd. Suite, Apt. #, etc.
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01042006 Chg-P CR2E034 (11/05)

City & State Miramar, FL	City & State Miramar, FL	4. FEI Number 65-0826974	Applied For Not Applicable
Zip 33023	Country USA	Zip 33023	Country USA

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

6. Name and Address of Current Registered Agent J. A. O. SERVICES INC. 7802 KINGSPONTE PKWY, SUITE 207-B ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name Jamal Oweis Street Address (P.O. Box Number is Not Acceptable) 7550 Pembroke Rd. City Miramar FL Zip Code 33023
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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 X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEISI, JAMAL 15587 NW 11TH COURT PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Oweis, Jamal 7550 Pembroke Rd. Miramar, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #