


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000087498 1. Entity Name MIKE'S GROCERY STORE, INC.	
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Principal Place of Business 33 SW 8 STREET HOMESTEAD, FL 33030	Mailing Address 33 SW 8 STREET HOMESTEAD, FL 33030
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03292004

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0867917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75
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6. Name and Address of Current Registered Agent SARSOUR, OSAMAH Z 33 SW 8 STREET HOMESTEAD, FL 33030
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SARSOUR, OSAMAH Z 33 SW 8 STREET HOMESTEAD, FL 33030
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<p>000000110747 04/12/04-80096-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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