

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90020 043 ***163.75

DOCUMENT # P99000043280

1. Entity Name
QUICK SERVE FOOD STORE, INC.



Principal Place of Business
**QUICK SERVE FOOD STORE
2515 NW 19TH ST
FORT LAUDERDALE, FL 33311**

Mailing Address
**2515 N.W. 19 ST.
FT. LAUDERDALE, FL 33311**

DO NOT WRITE IN THIS SPACE



02112007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0920865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BATNIJI, AHMAD M PRESIDE
2515 NW 19 ST
FORT LAUDERDALE, FL 33311**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	ELAYAN, SALEEM M
STREET ADDRESS	6446 AMBERJACK TER
CITY- ST- ZIP	MARGATE, FL 33063
TITLE	VP
NAME	BATNIJI, AHMAD BATNIJI AHMAD
STREET ADDRESS	2515 NW 19TH ST
CITY- ST- ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ahmad Batniji
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/07
Date

954-733-8641
Daytime Phone #