


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90001 043 ***158.75

DOCUMENT # P99000062782			
1. Entity Name BRASLICE FOOD AND MARKET, INC.			
Principal Place of Business 1200 NE 48 STREET #2 POMPANO BEACH, FL 33064		Mailing Address 1200 NE 48 STREET #2 POMPANO BEACH, FL 33064	
2. Principal Place of Business 1631 Se 3rd CT.		3. Mailing Address 1631 Se 3rd CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach - FL		City & State Deerfield Beach - FL	
Zip 33441	Country U.S.A	Zip 33441	Country U.S.A
6. Name and Address of Current Registered Agent COELHO, JOSE 1200 NE 48 STREET #2 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name Eloizio DeSouza Street Address (P.O. Box Number is Not Acceptable) 1631 Se 3rd CT City Deerfield Beach FL Zip Code 33441	
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 <u>Eloizio DeSouza</u> DATE <u>07/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust and Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DESOUSA, ELOIZIO H 1610 SW 6TH AVE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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07282004 Chg-P CR2E034 (10/03)

54066258

4. FEI Number
65-0934204

Applied For
Not Applicable

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

SIGNATURE: Eloizio DeSouza

DATE: 07/29/04

SIGNATURE: Eloizio DeSouza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 07/29/04 DAYTIME PHONE: 954-6003298

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.