2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# S46061

Entity Name: THRIFTWAY OF PAHOKEE, INC.

Current Principal Place of Business:

181 RARDIN AVENUE
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

181 RARDIN AVENUE
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-0255739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KAHOK, AHMAD
1537 BACOM POINT RD
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPS	( ) Delete
Name:	KAHOK, AHMAD,	
Address:	1537 BACOM POINT ROAD	
City-St-Zip:	PAHOKEE, FL	
Title:	DVT	( ) Delete
Name:	KAHOL, NAJWA	
Address:	1537 BACOM POINT ROAD	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	S	( ) Delete
Name:	CONLEY, ADA B	
Address:	16502 SW MORGAN RD	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	D	( ) Delete
Name:	KAHOOK, WASEEM	
Address:	31 LAKESIDE CIRCLE	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	AT	( ) Delete
Name:	KAHOK, JAMIL	
Address:	2260 BACOM POINT RD	
City-St-Zip:	PAHOKEE, FL 33476	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADA BUSH CONLEY SECR 03/10/2005

Electronic Signature of Signing Officer or Director — Date