


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # V56390
 1. Entity Name
FLAMINGO PARK FOOD MARKET, INC.



Principal Place of Business Mailing Address
1801 S DIXIE HWY **1801 S DIXIE HWY**
WEST PALM BCH, FL 33401 US **WEST PALM BCH, FL 33401 US**

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

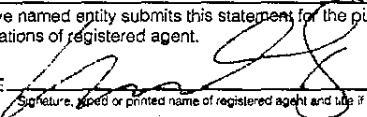
4. FEI Number Applied For
65-0350695 Not Applicable

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

6. Name and Address of Current Registered Agent
CHUMRAWI, WALEED
1801 S. DIXIE HWY
WEST PALM BEACH, FL 33401

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  **02-18-04**
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, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

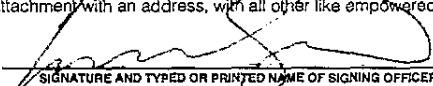
U00000078066
03/08/04-80012-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GHUMRAWI, WALEED K 1801 S. DIXIE HWY WEST PALM BEACH, FL 33401
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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:  **02-18-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #