
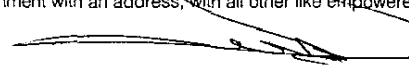


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90078 024 \*\*\*158.75

<b>DOCUMENT # V72481</b> 1. Entity Name <b>F-N-F STORES, INC.</b>					
Principal Place of Business <b>17851 NW 78 AVE. MIAMI FL 33015 US</b>			Mailing Address <b>17851 NW 78 AVE. MIAMI FL 33015 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PADAMSEY, ZAHURALI DAMJI</b> <b>17851 NW 78TH AVENUE</b> <b>MIAMI FL 33015</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADAMSEY, PARINBANU Z		NAME		
STREET ADDRESS	17851 NW 78 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015-2805		CITY-ST-ZIP		
TITLE	PT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADAMSEY, ZAHURALI DAMJI		NAME		
STREET ADDRESS	17851 NW 78 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015-2805		CITY-ST-ZIP		
TITLE	<del>D</del> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>BAGHA, ABDULKARIM A</del>		NAME		
STREET ADDRESS	<del>17851 NW 78 AVE</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>MIAMI FL 33015-2805</del>		CITY-ST-ZIP		
TITLE	<del>D</del> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>BAGHA, ZARINA A</del>		NAME		
STREET ADDRESS	<del>17851 NW 78 AVE</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>MIAMI FL 33015-2805</del>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <b>ZAHURALI D. PADAMSEY</b> 1-24-04 305-891-4081 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E034 (11/03)

4. FEI Number **65-0363113** Applied For ☐ Not Applicable ☐

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