

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005648

**Entity Name:** MIDNIGHT ZONE CONVENIENCE STORE, INC.

**Current Principal Place of Business:**

14-94 ESTATE THOMAS  
ST. THOMAS, US VIRGIN ISLAND,

**Current Mailing Address:**

P.O. BOX 11669  
ST. THOMAS, VI 00801 VI

**FEI Number: 66-0689673**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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

**Officer/Director Detail :**

Title P  
Name MOHAMMED, JAMIL  
Address 4AA-11B ESTATE THOMAS  
City-State-Zip: ST THOMAS, VIRGIN ISLANDS 00802

Title VPT  
Name JAMIL, SAYR  
Address 4AA-11B ESTATE THOMAS  
City-State-Zip: ST THOMAS, VIRGIN ISLANDS 00802

Title S  
Name JAMIL, EISA  
Address 4AA-11B ESTATE THOMAS  
City-State-Zip: ST THOMAS, VIRGIN ISLANDS 00802

*I hereby 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 all other like empowered.*

**SIGNATURE: SAYR JAMIL**

**OPERATION MANAGER**

**04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date