

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065549

Entity Name: 66 FOOD MART, INC.

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

CONVENIENT FOOD MART  
6200 66TH STREEDT NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX-403  
RIVERVIEW, FL 33568

**New Mailing Address:**

FEI Number: 59-3656853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LALANI, ASIF  
6200 66TH STREET NORTH  
PINELLAS PARK, FL 33781 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: P ( ) Delete  
Name: AHMED, RAFIQ J  
Address: 22 VICTOR ROAD  
City-St-Zip: BEACON, NY 12508

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S ( ) Change (X) Addition  
Name: MERCHANT, MUNEER  
Address: 6200 66TH STREET N.  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAFIQ AHMED

P

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date