

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P04000119472
1. Entity Name Three Way Food Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3105 N Hway 19 A Suite, Apt. #, etc.	3. Mailing Address 3105 N Hway 19 A Suite, Apt. #, etc.
City & State Mount Dora, FL	City & State Mount Dora, FL
Zip 32757	Country
Country	Zip 32757

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1505737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Hossain Tofazzal
Street Address (P.O. Box Number is Not Acceptable) 3105 N HWY 19-A
City Mount Dora, FL
State FL
Zip Code 32757

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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE President	NAME BHUIYAN, M.D KAMALUDDIN
STREET ADDRESS 3105 N HWY 19-A	CITY-ST-ZIP MOUNT DORA FL 32757 US
TITLE Vice President	NAME AHMED, MOHAMMAD H
STREET ADDRESS 3105 N HWY 19-A	CITY-ST-ZIP MOUNT DORA FL 32757 US
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

11.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 2/25/05 **Daytime Phone #**