

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90206 013 \*\*\*150.00

DOCUMENT # P92000008133

1. Entity Name

FAMILY DISCOUNT PROPERTIES, INC.



Principal Place of Business

401 OLD DIXIE HWY  
#216  
RIVIERA BEACH FL 33404  
US

Mailing Address

401 old Dixie Hwy  
1655 PALM BEACH LAKES BLVD SUITE 208  
WEST PALM BEACH FL 33401  
1245, 45th Street,  
Mangonia Park, Mangonia Park

Riviera Beach, FL 33404



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

FL 33407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

65-0376266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAGAR, ALAN  
1655 PALM BEACH LAKES BLVDC  
SUITE 208  
WEST PALM BEACH FL 33401

Name

CHOWDHURY, mohammed

Street Address (P.O. Box Number is Not Acceptable)

1245, 45th St, mangonia park

City

Mangonia Park

FL

Zip Code

33407

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

*Mohammed Chowdhury*

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SAGAR, ALAN  
STREET ADDRESS 1655 PALM BEACH LAKES SUITE 208  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P VPT  
NAME BHUIYAN, MOHIUDDIN  
STREET ADDRESS 2500 10TH AVE N #303A  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE VPT  
NAME BHUIYAN MOHIUDDIN  
STREET ADDRESS 2928 Hidden Hill Road #1402  
CITY-ST-ZIP WPB, FL-33411 ☒ Change ☐ Addition

TITLE VPT P  
NAME CHOWDHURY, MOHAMMED  
STREET ADDRESS 1245 45TH STREET  
CITY-ST-ZIP MANGONIA PARK FL 33407

TITLE P  
NAME CHOWDHURY, MOHAMMED  
STREET ADDRESS 1245, 45th St.  
CITY-ST-ZIP mangonia Park, FL-33407 ☒ Change ☐ Addition

TITLE VPS  
NAME RAHMAN, ASHFAK  
STREET ADDRESS 2500 10TH AVE N #303A  
CITY-ST-ZIP LAKEWORTH FL 33461

TITLE VPS  
NAME RAHMAN, ASHFAK (VPS)  
STREET ADDRESS 4072 Lake Tahoe Circle  
CITY-ST-ZIP West Palm Beach, FL-33409 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mohammed Chowdhury* MOHAMMED CHOWDHURY

04/03/07

561 452 3957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #