

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -7 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000077810**

1. Entity Name  
**SUPER FAST FOODS, INC.**



Principal Place of Business <b>1116 CELERY AVENUE SANFORD, FL 32771</b>	Mailing Address <b>1116 CELERY AVENUE SANFORD, FL 32771</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04122004 Chg-P CR2E034 (10/03)



4. FEI Number <b>59-3597157</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOSSAIN, TOFAZZAL  
225 DEBORA CT  
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE <b>VP</b> <input type="checkbox"/> Delete	
NAME <b>SULTANA, NASIMA</b>	
STREET ADDRESS <b>849 S. WYMORE RD., APT. 30C</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete	
NAME <b>HOSSAIN, TOFAZZAL</b>	
STREET ADDRESS <b>849 S. WYMORE RD., APT. 30C</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>000037847</b>
STREET ADDRESS	<b>06/10/04--01053--023 **158.75</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: Hossain Date: 4.26.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #