


**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90021 012 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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DOCUMENT # P99000077810 1. Entity Name SUPER FAST FOODS, INC.	
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Principal Place of Business 1116 CELERY AVENUE SANFORD, FL 32771	Mailing Address 1116 CELERY AVENUE SANFORD, FL 32771
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40104000



C4222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent HOSSAIN, TOFAZZAL 225 DEBORAH CT ALTAMONTE SPRINGS, FL 32701 <i>240 Magnolia pk. Sanford, FL 32773 TR.</i>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Hossain* DATE: \_\_\_\_\_  
Signature typed or printed on the filing is required and the fee is applicable. (NOTE: Registered Agent signature is required when resigning)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SULTANA, NASIMA 849 S. WYMORE RD., APT. 30C ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSSAIN, TOFAZZAL 849 S. WYMORE RD., APT. 30C ALTAMONTE SPRINGS, FL 32714
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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* 4/29/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Photo