

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90078 027 \*\*\*150.00

**DOCUMENT # J94186**

1. Entity Name

L-T FOOD MARKET, INCORPORATED



Principal Place of Business

Mailing Address

~~LT NEWS~~  
~~1E - BROWARD BLVD #105~~  
~~FORT LAUDERDALE FL 33301~~

~~LT NEWS~~  
~~1E - BROWARD BLVD #105~~  
~~FORT LAUDERDALE FL 33301~~

2. Principal Place of Business

*The DAILY GRIND*

3. Mailing Address

*The DAILY GRIND*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*6451 N. FEDERAL HWY #122*

*6451 N. Fed HWY #122*

City & State

City & State

*FORT LAUDERDALE, FL*

*FORT LAUDERDALE, FL*

Zip

Country

Zip

Country

*33308*

*USA*

*33308*

*USA*



1st MOORE

CR2E034 (10/04)

4. FEI Number

*59-2848601*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LUONG, ANH TUAN**  
**5205 NW 67 AVE**  
**FORT LAUDERDALE FL 33319**

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

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, 2005 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
LUONG, NG A T  
~~1E - BROWARD BLVD #105~~  
~~FORT LAUDERDALE FL 33301~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
LUONG, HANG T  
5205 NW 67 AVE  
FORT LAUDERDALE FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
*- 6451 N. FEDERAL HWY # 122*  
*FORT LAUDERDALE, FL - 33308*

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

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

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

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

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 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:

*A.T. Luong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*A.T. Luong*

*4/18/05 (954) 296 7136*  
Date Daytime Phone #