

2007 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90043 019 ***150.00

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1. Entity Name

M H A FLORIDA FOOD INC.



Principal Place of Business

1417 N. DIXIE HWY
FORT LAUDERDALE FL 33304

Mailing Address

1417 N DIXIE HIGHWAY
FT. LAUDERDALE FL 33304



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

65-1047849

Applied For

Not Applicable

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

HOSSAN, MOHAMMED A
1417 N DIXIE HIGHWAY
FT. LAUDERDALE FL 33304

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, 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

TITLE	S	<input type="checkbox"/> Delete
NAME	ALAM, MOHAMMED K	
STREET ADDRESS	1120 NE 9TH AVE. #29	
CITY - ST - ZIP	FT. LAUDERDALE FL 33304	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOHOSIN, MOHAMMAD	
STREET ADDRESS	1120 NE9TH AVE APT 37	
CITY - ST - ZIP	FT. LAUDERDALE FL 33304	
TITLE	V	<input type="checkbox"/> Delete
NAME	KHAIR, MUHAMMAD ABUL	
STREET ADDRESS	1120 NE 9TH AVE APT 25	
CITY - ST - ZIP	FT. LAUDERDALE FL 33304	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOSSAN, MOHAMMED A	
STREET ADDRESS	1045 NE 9TH AVE APT 5	
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input 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	
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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. MOHAMMED A HOSSAN
STREET ADDRESS	913 NE 18TH ST
CITY - ST - ZIP	FT. LAUDERDALE, FL 33304
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-07 954-764-7545

Date

Daytime Phone #