

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058151

FILED
Feb 21, 2009
Secretary of State

Entity Name: M H A FLORIDA FOOD INC.

Current Principal Place of Business:

1417 NORTH DIXIE HWY.
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1417 NORTH DIXIE HWY.
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1047849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ALAM, MOHAMMED K
Address: 1120 NE 9TH AVE. #29
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: P () Delete
Name: MOHOSIN, MOHAMMAD
Address: 1120 NE9TH AVE APT 37
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: V () Delete
Name: KHAIR, MUHAMMAD ABUL
Address: 1120 NE 9TH AVE APT 25
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: T () Delete
Name: HOSSAN, MOHAMMED A
Address: 913 NE 18TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMAD MOHOSIN

P

02/21/2009

Electronic Signature of Signing Officer or Director

Date