## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 20, 2006 08:00 AM DOCUMENT # P00000112592 **Secretary of State** 1. Entity Name MOHSIN FOODMART INC. Mailing Address Principal Place of Business 3030 SOUTH 25TH STREET 3030 & 25 STREET FORT PIERCE, FL 34981 FORT PIERCE, FL 34981 CR2E034 (11/05) 02132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1055230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KARIM, WASIMUL 800 TREASURE CAY DRIVE #202 FORT PIERCE, FL 34947 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trúst Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 PD 7171 F KARIM WASIMUL NAME 800 TREASURE CAY DRIVE #202 STREET ADDRESS CITY-SI-ZIP FORT PIERCE, FL 34947 U00000439122 03/01/06-80033-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -51-21P IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-70 TITLE NAME STREET ADDRESS City-St-Zip

12. I hereby certify that the information supplied with this filling 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 our

SIGNATURE:

NAME STRELI ADDRESS CITY-ST-79

772-466-7399