

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000030112

1. Entity Name
AZIZ DISCOUNT FOOD STOP AND BEAUTY SUPPLY, INC.



Principal Place of Business

**1691 N E 148TH ST
MIAMI, FL 33181**

Mailing Address

**1691 N E 148TH ST
MIAMI, FL 33181**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-7089184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UDDIN, MD MISBAH
1691 N E 148TH ST
MIAMI, FL 33181**

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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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	UDDIN, MD MISBAH
STREET ADDRESS	1691 NE 148TH ST
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	VD
NAME	AYESHA, SADEKA
STREET ADDRESS	1691 N E 148TH ST
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	SD
NAME	AKTHER, PARVIN
STREET ADDRESS	1619 N E 148TH ST
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80100-010 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/06

DATE

DAYTIME PHONE