

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90012 001 ***150.00

DOCUMENT # P01000037386

1. Entity Name
MZ FOOD STORE, INC.



Principal Place of Business
**5247 S. MACDILL AVE
TAMPA, FL 33611**

Mailing Address
**5247 S. MACDILL AVE
TAMPA, FL 33611**

50063000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3704966

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ABUKHDAIR, AMIN
5247 S. MACDILL AVE
TAMPA, FL 33611**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **ABUKHDAIR, AMIN**
STREET ADDRESS **5247 S. MACDILL AVE**
CITY- ST- ZIP **TAMPA, FL 33611**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

ATTACHMENT

50063000

DOCUMENT # P01000037386

1. M Z FOOD STIRE, INC.

5247 S. MacDill Ave.
Tampa, Fl. 33611

3. 5247 S. MacDill Ave
Tampa, Fl. 33611

4. FEI Number 59-3704966

6. Name and Sddress of Current Registered Agent

AMIN ABUKHDAIR
5247 S. MacDill Ave
Tampa, Fl. 33611

FILE NOW;;; FEE IS \$150.00

10. OFFICERS AND DIRECTORS

PS ABUKHDAIR, AMIN
5247 S. MacDill Ave.
Tampa, Fl. 33611

✓ 
SIGNATURE

4/21/05
DATE

(813) 831-8113
PHONE #



ATTACHMENT

meCA

PAY

50063000

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 17, 2005

MZ FOOD STORE, INC.
5247 S. MACDILL AVE
TAMPA, FL 33611

SUBJECT: MZ FOOD STORE, INC.
Ref. Number: P01000037386

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 705A00035186