

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083675

Entity Name: M.S. FOOD MART, INC.

FILED  
Mar 06, 2007  
Secretary of State

**Current Principal Place of Business:**

18344 CORAL SANDS WAY  
BOCA RATON, FL 33498

**New Principal Place of Business:**

540 N.E. 44TH STREET  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

18344 CORAL SANDS WAY  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 65-1132705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOHID, MOHAMMED  
18344 CORAL SANDS WAY  
BOCA RATON, FL 33498 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: DP ( ) Delete  
Name: HOSSAIN, MOHAMMED M  
Address: 3021 NW 5TH TERRACE #4  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DS ( ) Delete  
Name: SOHID, MOHAMMED  
Address: 18344 CORAL SANDS WAY  
City-St-Zip: BOCA RATON, FL 33498

Title: DV ( ) Delete  
Name: KHAN, MATIUR R  
Address: 5161 SW 14TH ST  
City-St-Zip: PLANTATION, FL 33317

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MOHAMMED SOHID

DS

03/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date