

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090529

FILED
Jan 07, 2005
Secretary of State

Entity Name: KIRAN FOOD MARKET, INC.

Current Principal Place of Business:

2379 N.CITRUS WAY
PALM HARBOR, FL 346843316

New Principal Place of Business:

Current Mailing Address:

2379 N.CITRUS WAY
PALM HARBOR, FL 346843316

New Mailing Address:

FEI Number: 59-3755926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCHANT, SALIM
2379 N.CITRUS WAY
PALM HARBOR, FL 346843316 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: PD () Delete
Name: MERCHANT, SALIM
Address: 2379 N.CITRUS WAY
City-St-Zip: PALM HARBOR, FL 346843316

Title: VD () Delete
Name: MERCHANT, NOORJAHAN
Address: 2379 N.CITRUS WAY
City-St-Zip: PALM HARBOR, FL 346843316

Title: D () Delete
Name: MERCHANT, SOHIL
Address: 2379 N.CITRUS WAY
City-St-Zip: PALM HARBOR, FL 346843316

Title: TD () Delete
Name: MERCHANT, NAZREEN
Address: 2379 N.CITRUS WAY
City-St-Zip: PALM HARBOR, FL 346843316

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 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 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: SALIM MERCHANT

PD

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date