


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000108946	
1. Entity Name LATE NIGHT FOOD STORE, INC.	

Principal Place of Business 2134 WASHINGTON ST. 8134 HOLLYWOOD, FL 33020	Mailing Address 2134 WASHINGTON ST. 8134 HOLLYWOOD, FL 33020
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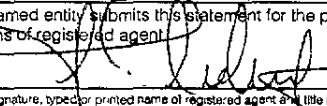
DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1152964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

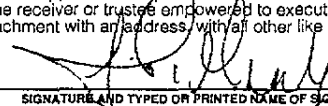
6. Name and Address of Current Registered Agent VALLYANI, NOOR 2134 WASHINGTON ST. HOLLYWOOD, FL 33020	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE: 	(NOTE: Registered Agent signature required when reinstating)	DATE: 02-14-04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000078061 03/08/04-80012-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALLYANI, NOOR 2699 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KASAM, NOOR M 2699 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUSSAIN, ALTAF 2699 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

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 all other like empowered.
SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 02-14-04 DAYTIME PHONE #