2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108946

City-St-Zip:

FT. LAUDERDALE, FL 33311

Entity Name: LATE NIGHT FOOD STORE, INC

FILED Mar 17, 2005 Secretary of State

Entry Name: LATE NIGHT FOOD STORE, INC.							
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
	HINGTON ST.						
8134 HOLLYWO	OD, FL 33020	1					
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
	HINGTON ST.						
8134 HOLLYWO	OD, FL 33020	1					
FEI Number: 65-1152964 FEI Number Applied For ()			FEI Number Not App	Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	NOOR HINGTON ST. OD, FL 33020	US	2134 WAS	SHAHEEN, IMRAN 2134 WASHINGTON ST. HOLLYWOOD, FL 33020 US			
The above in the State		ubmits this statement for the p	urpose of changing	its registered offic	e or registered agent	, or both,	
SIGNATUR	RE: IMRAN SH	HAHEEN		03/17/2005			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VALLYANI, NOC	ND PARK BLVD.	Title: Name: Address: City-St-Zip:	D (X) CH SHAHEEN, IMRAN 6441 PARK ST HOLLYWOOD, FL			
Title: Name: Address: City-St-Zip:	KASAM, NOOR	ND PARK BLVD.	Title: Name: Address: City-St-Zip:	() Ch	nange () Addition		
Title: Name: Address:	HUSSAIN, ALTA	Delete F ND PARK BLVD.	Title: Name: Address:	() Ch	nange () Addition		

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.

City-St-Zip:

SIGNATURE: ALTAF HUSSEIN D 03/17/2005