

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000110751	
1. Entity Name AZIZ DISCOUNT FOOD STOP AND BEAUTY SUPPLY NUMBER 4, INC.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 12 PM 12:06

Principal Place of Business 5260 SW 9 STREET PLANTATION, FL 33317	Mailing Address AZIZ DISCOUNT FOOD STOP 41 EAST ACRD DRIVE PLANTATION, FL 33317
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05042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1157007	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MOLLA, MOHAMMED S 5260 SW 9 STREET PLANTATION, FL 33317	<b>DO NOT WRITE IN THIS SPACE</b>
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 \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLLA, MOHAMMED S 5260 SW 9 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV UDDIN, MD M 5260 SW 9 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUTFAR, BHUIYAN R 151 SE 8TH STREET UNIT 213 HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/13/07

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09/18/07--01059--001 \*\*1000.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

09/05/2007

Date

Daytime Phone #