2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # P02000024079 1. Entity Name MIM FOOD MART, INC.						05-04-2004 90152 045 ***150.00					
Principal Place of Business Mailing Address											
1155 WEST S LONGWOOD,	S.R. 434 #157 FL 32750	1155 WEST S.R. 434 #157 Longwood, FL 32750									
LONGHOOD,	12 32730	2011011000,12 32730				1 1 EO 11001: 401	I na state d'ine de la Cit	in etaŭ i ngli di	eli Obiji jedib jejs	INNI LI IIINI	
	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			34		-4116 MIN -4111 64111 64		45(): 10-1- 15(1001 11 1221	
						04302004	Chg-P	CR2E0	34 (10/03)		
City & State Lon Gwood FL		City & State LONG WOOD	L		4. FEI Numbe 30-0048			ļ	plied For t Applicable		
Zip Country		Zip Count		ry .	. S Certific			П	\$8.75 Add		
3277		32779	<u> </u>	·S·A				Fee Required		<u> </u>	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name											
SHEIK, MD. NURU 1155 WEST S.R. 434 #157 LONGWOOD, FL 32750					Street Address (P.O. Box Number is Not Acceptable)						
				City	~ <u>~~~</u>		······		Zin Code		
									FL Zip Code		
8. The above named entity stromits 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											
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	S. Election Campaig Trust Fund Contril		cing		00 May Be d to Fees					
10.	. OFFICERS AND I		11.			ADDITIONS/	CHANGES TO OF	FICERS AND			
TITLE Namé	PD SHEIK, MD. NURU	☐ Delete	TITLE						Change	☐ Addition	
STREET ADORESS	1155 WEST S.R. 434 #157		STREE	T ADDRESS	255	O W. H	IGHWAY	434			
City-ST-ZIP	WINTER PARK, FL 32792			ST-ZIP	LON	GNOOD	FL 32-	179			
TITLE Name	SD :: SHAFIQ, SUFIA	☐ Delete	TITLE				ë		Change	Addition	
STREET ADDRESS	5671 BEAR STONE RUN						IGHWAY .	,		-	
CITY-ST-ZIP	OVIEDO, FL 32765	Det		ST- ZIP			Er 3.	27}9	5/6	C Marian	
TITLE NAME	TD BEZUM, ROKEYA	LJ Delete	TITLE		BEG	um, Roi	KEYA		Change	☐ Addition	
STREET ADDRESS	3040 ALOMA AVE., APT. J8			ET ADDRESS	255	0 W. F	HGHWA	1 434]	
CITY-ST-ZIP	WINTER PARK, FL 32792		-	ST-ZIP	LON	GWOOD	Er 3	<u> 27ተተዓ</u>	Change	☐ Addition	
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STREET ADDRESS				ET ADDRESS]	
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TITLE NAME		☐ Delete	TITLE NAME	- (☐ Change	☐ Addition	
STREET ADDRESS			1	T ADDRESS						}	
CITY-ST-ZIP				ST-ZIP					· Channa	FT Addition	
TITLE NAME	•	☐ Delete	NAME						☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						ļ	
CITY-ST-ZIP	portify that the information as an indicate with	this filling stope not avalify the		ST-ZIP	ad in Ca-	tion 110 07/27) Florida Statut	I further on	rtifu that *ha :-	formation	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that m wered to execute this report a	y signat as requi	ure shall ha red by Char	ave the sa oter 607	ame legal effec Florida Statute	t as if made under s: and that my na	r oath; that I me appears	am an officer in Block 10 or	or director Block 11 if	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04