

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90203 015 ***150.00

DOCUMENT # P02000024079

1. Entity Name
MIM FOOD MART, INC.



Principal Place of Business
**2550 W. HIGHWAY 434
LONGWOOD, FL 32779**

Mailing Address
**2550 W. HIGHWAY 434
LONGWOOD, FL 32779**

40083014



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0048937

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEIK, MD. NURU
1155 WEST S.R. 434 #157
LONGWOOD, FL 32750**

**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

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SHEIK, MD. NURU
2550 W. HIGHWAY 434
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SHAFIQ, SUFIA
2550 W. HIGHWAY 434
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
BEGUM, ROKEYA
2550 W. HIGHWAY 434
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

C. Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06

Date

407-389-1023

Daytime Phone #