


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90136 029 ***150.00

DOCUMENT # P02000024079 1. Entity Name MIM FOOD MART, INC.	
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Principal Place of Business 2550 W. HIGHWAY 434 LONGWOOD, FL 32779	Mailing Address 2550 W. HIGHWAY 434 LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0048937	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 SHEIK, MD. NURU 1155 WEST S.R. 434 #157 LONGWOOD, FL 32750
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**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: _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

3/24/08 **407-389-1023**
Date Daytime Phone #