

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90001 019 ***150.00

DOCUMENT # P02000029966

1. Entity Name
M & M SUPERMARKET, INC.



Principal Place of Business
**764 N.W. 29TH STREET
MIAMI, FL 33127**

Mailing Address
**764 N.W. 29TH STREET
MIAMI, FL 33127**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0409759

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SADIQ, KHALID M
764 N.W. 29TH STREET
MIAMI, FL 33127**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SADIQ, KHALID
STREET ADDRESS	764 NW 29TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	V
NAME	KHALID, SALMA
STREET ADDRESS	764 N.W. 29TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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: *Khalid M Sadiq* **ICHALID M SADIQ, June 16, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
M+M Supermarket 40088832
764 NW 29th St #P02000029966
Miami, FL 33127

June 16, 2005

Ref: Annual Report for
M+M Supermarket

Attn: Division of Corporation
Tallahassee, FL

Dear Sir or Madam:

M+M Supermarket is mailing you the
Annual Report late, due to the fact that it
was never received by our company. The report
was supposed to be mailed to you in January.
I request that the late fee is waived.

Thank you



M+M Supermarket
764 NW 29th St
Miami, FL 33127