2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 Al Secretary of State

DOCUMENT # P02000063559 1. Entity Name FOODMAX - TAHMINA FOOD MART INC.						·		
Principal Plac		failing Address						
2040 NW 49 Lauderhill,		0 NW 107 STREET IAMI SHORES, FL 33168						
•				04272005	No Chg-P	CR2E034 (10/0	33)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For Not Applicable	
					of Status Desired	□ \$8.75	Additional	
	6. Name and Address of Current Regis	stered Agent	Τ		——————————————————————————————————————	Tanting	unda .	
APT # PHI MIAMI, FL	TH STREET B 7	purpose of changing its register	ed office or regi	IN .	NOT W	PACE	vith, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	a V application (NOTE Registure	ed Agent signature red	cured when renataling)	····	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			ncing 🗆	\$5.00 May Be Added to Foes				
10.	OFFICERS AND DIRE	CTORS	1					
NAME STREET ADDRESS CITY - ST - EP	P REZA, DALIM 750 NE 64TH STREE, APT # PHB 7 MIAMI, FL 33138							
TITLE HAME					!!∩ກ∩ດດວ	5792A		
STREET ADDRESS CATY ST. ZIP			1		05/04/05-8	57320 0070-003 15	50.00	
TITLE NAME			1					
STREET ADDRESS CITY - ST - ZP				DO	NOT W	/RITE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST ZIP

BIGNATURE AND TYPED ON PRINTED NAME OF SCINING OFFICER OR DIRECTOR

04/20/2008

IN THIS SPACE

Dayline Phone P