

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000109430</b>	
1. Entity Name SAMI FOOD & BEVERAGE, INC.	



Principal Place of Business 101 W CARLTON ST WAUCHULA, FL 33873	Mailing Address 101 W CARLTON ST WAUCHULA, FL 33873
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04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4215116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WALDRON, EUGENE E JR ESQ 124 N BREVARD AVE ARCADIA, FL 34266
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000345098 04/30/05-80022-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IQBAL, MOHAMED P.O. BOX 298 ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULTANA, ROKSANA P.O. BOX 298 ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUMIN, MOHAMMED A 3721 METRO PKWY #4106 FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUMIN, SHAHANA 3721 METRO PKWY #4106 FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>M.D. ABDUL MUHAMMAD</i>	<i>MUMIN</i>	4-26-05 (863) 773-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date	Daytime Phone #	