

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000124481

1. Entity Name  
TOUCHDOWN FOOD MARKET, INC.



Principal Place of Business  
2501 N DIXIE HWY  
RIVIERA BEACH, FL 33404

Mailing Address  
2501 N DIXIE HWY  
RIVIERA BEACH, FL 33404

**FILED**  
**Sep 12, 2008 08:00 AM**  
**Secretary of State**



08292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1663354

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAMID, KHALID  
2501 N DIXIE HWY  
RIVIERA BEACH, FL 33404

**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

01-26-07

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME HAMID, KHALID  
STREET ADDRESS 2501 OLD DIXIE HWY  
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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09/12/08-80003-014 558.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-26-07