

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90117 026 ***150.00

DOCUMENT # P03000019558

1. Entity Name

UNITED RETAIL FOOD STORE, INC.



Principal Place of Business

8926 BYRON AVENUE
SURFSIDE, FL 33154

Mailing Address

8926 BYRON AVENUE
SURFSIDE, FL 33154

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

51-0447828

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIOTRKOWSKI, JOEL S
317 - 71ST STREET
MIAMI BEACH, FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 DVP
NAME EL-DANNAOUI, DEAN
STREET ADDRESS 8926 BYRON AVENUE
CITY- ST- ZIP SURFSIDE, FL 33154 ☒ Delete

TITLE DP
NAME HOSSAIN, MOHAMMED Z
STREET ADDRESS 8926 BYRON AVENUE
CITY- ST- ZIP SURFSIDE, FL 33154 ☐ Delete

TITLE STD
NAME KHAN, KAMRUL H
STREET ADDRESS 8926 BYRON AVENUE
CITY- ST- ZIP SURFSIDE, FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addit

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: Kamrul H Khan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
Date

286-380-7817
Daytime Phone #