2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000033747

1. Entity Name
SONY FOOD STORE, INC.

Principal Place of Business	Mailing Address
6621 TAFT STREET HOLLYWOOD, FL 33024 US	6141 WASHINGTON STREET HOLLYWOOD, FL 33023 US

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1180693	Not Applicable

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

6. Name and Address of Current Registered Agent

PAREKH, MOHAMMAD S
6141 WASHINGTON STREET
HOLLYWOOD, FL 33023

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	PD
NAME	PAREKH, MOHAMMAD S
STREET ADDRESS	6141 WASHINGTON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33023

U000000298504
04/11/05-80072-001 150.00

TITLE	
NAME	
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CITY-ST-ZIP	

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: _Mono J. Parekh_   MOHAMMAD S. PAREKH   4/5/05   (954)989-6510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #