FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90169 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000049305

1. Entity Name
SAVE FOOD INC.

Principal Address
2793 N HIAWASSEE RD
ORLANDO, FL 32818

Mailing Address
2793 N HIA.
ORLANDO, FL 32818

04272004 Chg-F CR2E034 (10/03)

2. Principal Address / Post Office Box

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
57-1163903
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOSSAIN, MOHAMMED I
2793 N HIAWASSEE RD
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

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, type or printed name of registered agent and, if applicable, the office held. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 the fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	AHMED, HOSNE A	
STREET ADDRESS	2793 N HIAWASSEE RD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VS	☐ Delete
NAME	HOSSAIN, MOHAMMED I	
STREET ADDRESS	2793 N HIAWASSEE RD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE AND NOTE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE AND NOTE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE AND NOTE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ABOVE

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE AND NOTE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE AND NOTE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information indicated on this report or supplemental requests 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, added or deleted.

SIGNATURE: HOSNEARA AHMED 04-26-04 P
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Officer/Director