

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 048 ***150.00

DOCUMENT # P03000091622	
1. Entity Name	
Your Choice Food Inc	

DO NOT WRITE IN THIS SPACE

20016377

2. Principal Place of Business 1095 W State Road 434		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State	
Zip 32708	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0166929		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MALIKE, ABDUL	
Street Address (P.O. Box Number is Not Acceptable) 1095 W. STATE ROAD 434	
City CASSELBERRY	FL Zip Code 32708

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALIKE, ABDUL 1095 W. STATE ROAD 434 CASSELBERRY FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BHUIYAN, MOKAMALUDDIN 1095 W. STATE ROAD 434 CASSELBERRY FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS AHMED, MOHAMMAD H 1095 W. STATE ROAD 434 CASSELBERRY FL 32708	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)(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 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 #