


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000091622 1. Entity Name YOUR CHOICE FOOD, INC	
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Principal Place of Business 1095 W. STATE ROAD 434 CASSELBERRY, FL 32708	Mailing Address 1095 W. STATE ROAD 434 CASSELBERRY, FL 32708
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**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

MALIKE, ABDUL  
1095 W. STATE ROAD 434  
CASSELBERRY, FL 32708

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

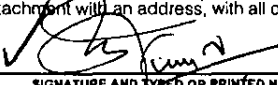
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALIKE, ABDUL 486 CIDERMILL PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BHUIYAN, MOKAMALUDDIN 486 CIDERMILL PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS AHMED, MOHAMMAD H 486 CIDERMILL PLACE LAKE MARY, FL 32746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000853164  
03.26.08-80057-013 150.00

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:  **Md. Kamal Bhuiyan** 03.08.08, 407 699 0947  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #