

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000100857

1. Entity Name  
NIK FOOD STORE, INC.



**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
8926 BYRON AVE      8926 BYRON AVE  
SURFSIDE, FL 33154      SURFSIDE, FL 33154



02212005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**33-1072230**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

PIOTRKOWSKI, JOEL S  
317-71 STREET  
MIAMI BCH, FL 33141

**DO NOT WRITE  
IN THIS SPACE**

3. 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      D  
NAME      KHAN, NAZRUL I  
STREET ADDRESS      8926 BYRON AVE  
CITY - ST - ZIP      SURFSIDE, FL 33154

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IN THIS SPACE**

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: \_\_\_\_\_

*NaZRUL I KHAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAZRUL I KHAN

03/15/2005

(305) 867-8582

Date

Daytime Phone #