


**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90010 041 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000114415</b>		
1. Entity Name <b>MSR FOODS, INC.</b>		
Principal Place of Business <b>4103 S. ORLANDO DR. SANFORD, FL 32773</b>		Mailing Address <b>4103 S. ORLANDO DR. SANFORD, FL 32773</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
4. FEI Number <b>20-0301485</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>HOSSAIN, MOHAMMED P 4103 S. ORLANDO DR. SANFORD, FL 32773</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOSSAIN, MOHAMMED T 248 MAGNA PARK WINTER PARK, FL 32792</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BHUIYAN, SHABNAM M 1007 VIA CAMO PL LAKE MARY, FL 32746</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHODHURY, RINEE 11208 WYNDHAM CREST BOULEVARD SANFORD, FL 32773</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ <small>Daytime Phone # _____</small>		