

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000114415

1. Entity Name
MSR FOODS, INC.



Principal Place of Business
**4103 S. ORLANDO DR.
SANFORD, FL 32773**

Mailing Address
**4103 S. ORLANDO DR.
SANFORD, FL 32773**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0301485

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOSSAIN, MOHAMMED P
4103 S. ORLANDO DR.
SANFORD, FL 32773**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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**

**U000000894782
04/24/08-80039-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOSSAIN, MOHAMMED T
STREET ADDRESS	248 MAGNA PARK
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	BHUIYAN, SHABNAM M
STREET ADDRESS	1007 VIA CAMO PL
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	CHODHURY, RINEE
STREET ADDRESS	11208 WYNDHAM CREST BOULEVARD
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #