

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-13-2005 90001 047 ***150.00
06-22-2005 90079 038 ***400.00

DOCUMENT # P04000001767 1. Entity Name PALM COAST FINEST FOODS, INC.			
Principal Place of Business 73500 NW 5TH COURT PLANTATION, FL 33325		Mailing Address 13500 NW 5TH COURT PLANTATION, FL 33325	
2. Principal Place of Business 1310 PALMCOAST PKWY Suite, Apt. #, etc.		3. Mailing Address 1310 PALM COAST PARKWAY Suite, Apt. #, etc.	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip 32137		Zip 32137	
4. FEI Number 20-0582342		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BHAIDANI, SHELINE 13500 NW 5TH COURT PLANTATION, FL 33325		7. Name and Address of New Registered Agent Name BHAIDANI SHELINE Street Address (P.O. Box Number is Not Acceptable) 1310 PALMCOAST PARKWAY City PALM COAST FL Zip Code 32137	
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: <u>Bhaidani</u> 06/07/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BHAIDANI, SHELINE 1310 PALM COAST PARKWAY PALM COAST, FL 32137	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BHAIDANI, MALIK 8033 N. SHERIDAN RD. CHICAGO, IL 60660	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HALANI, ABDUL 1310 PALM COAST PARKWAY PALM COAST, FL 32137	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Bhaidani</u> 6/07/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	