


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000021066 1. Entity Name ROYAL BENGAL FOOD, INC.	
---	---

Principal Place of Business 6201 NW 24 AVENUE MIAMI, FL 33147	Mailing Address 6201 NW 24 AVENUE MIAMI, FL 33147
---	---



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0857247	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

SCHREIBER, DARRYL S ESQ.
5600 SHERIDAN STREET
HOLLYWOOD, FL 33021

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALAMGIR, MOHAMMED
STREET ADDRESS	4200 HILLCREST DRIVE, #318
CITY-STATE-ZIP	HOLLYWOOD, FL 33021

TITLE	VD
NAME	MUNJU, ALI N
STREET ADDRESS	2421 N. 61 AVENUE
CITY-STATE-ZIP	HOLLYWOOD, FL 33024

TITLE	D
NAME	SONI, ABU S
STREET ADDRESS	5456 N.W. 184TH STREET
CITY-STATE-ZIP	MIAMI, FL 33055

TITLE	D
NAME	MAZUMDER, UTTAM K
STREET ADDRESS	10424 S.W. 51 STREET
CITY-STATE-ZIP	COOPER CITY, FL 33328

TITLE	D
NAME	KHAN, AHM
STREET ADDRESS	705 NE 165 ST
CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33162

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000664242
03/22/07-80034-025 150.00

**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: ALAMGIR PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/07
Date Daytime Phone #