

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000036245

Entity Name: DISCOUNT FOOD MANAGEMENT, INC

**FILED**  
**May 23, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

820 E MEMORIAL BLVD  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

820 E MEMORIAL BLVD  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 20-0778063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HABOUB, NABIL  
2630 GOLDEN ANTLER LN  
LUTZ, FL 33559 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete  
Name: HABOUB, NABIL  
Address: 2630 GOLDEN ANTLER LN  
City-St-Zip: LUTZ, FL 33559

Title: D,VP ( ) Delete  
Name: SULLAIMAN, HASHIM  
Address: 14680 PINE GLEN CIR  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HAMED, KHALID  
Address: 15515 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NABIL HABOUB

P

05/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date