


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000077952</b> 1. Entity Name <b>HOFFNER FOOD, INC.</b>	
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Principal Place of Business <b>5600 HOFFNER AVE ORLANDO, FL 32812 US</b>	Mailing Address <b>1007 VIACOMO PLACE LAKE MARY, FL 32746 US</b>
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**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1118737</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BHUIYAN, SHAIFUL  
1007 VIACOMO PLACE  
LAKE MARY, FL 32746**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000555765</b> <b>05/16/06-80046-009 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BHUIYAN, SHAIFUL 1007 VIACOMO PLACE LAKE MARY, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S,T FATEMA, KANIZ 736 7TH WAY WEST PALM BEACH, FL 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HOSSAIN, TOFAZZAL 486 CIDER MILL PLACE LAKE MARY, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOSSAIN, REHENA 5600 HOFFNER AVE ORLANDO, FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Shaiful Bhuiyan **SHAIFUL BHUIYAN** 04-25-06 407-328-4886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #