FROM :

FAX NO. :

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90008 002 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000077952

1. Entity Name
HOFFNER FOOD,INC.

Principal Place of Business	Mailing Address
5600 HOFFNER AVE ORLANDO, FL 32812 US	1007 VIACOMO PLACE LAKE MARY, FL 32746 US

40078949

04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1118737
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BHUIYAN, SHAIFUL
1007 VIACOMO PLACE
LAKE MARY, FL 32746

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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 reinstating) Date

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	P
NAME	BHUIYAN, SHAIFUL
STREET ADDRESS	1007 VIACOMO PLACE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	S,T
NAME	FATEMA, KANIZ
STREET ADDRESS	736 7TH WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	VP
NAME	HOSSAIN, TOFAZZAL
STREET ADDRESS	~~1007 VIACOMO PLACE~~ 240 MANGOLIA PARK.
CITY-ST-ZIP	~~LAKE MARY, FL 32746~~ SANFORD, FL 32773
TITLE	D
NAME	HOSSAIN, REHENA
STREET ADDRESS	5600 HOFFNER AVE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	DIRECTOR
NAME	REHENA HOSSAIN.
STREET ADDRESS	5600, HOFFNER AVE
CITY-ST-ZIP	ORLAND, FL. 32812.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Rehena Hossain REHENA HOSSAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04-18-07 Daytime Phone #