

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000078475

1. Entity Name
GEETA'S MARKET AND FAST FOOD, INC.



Principal Place of Business
**GEETA'S MARKET
5931 OLD WINTER GARDEN RD
ORLANDO, FL 32835 US**

Mailing Address
**5931 OLD WINTER GARDEN RD.
ORLANDO, FL 32835 US**

DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1471318

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SUGRIM, VISHNUNARINE
5931 OLD WINTER GARDEN RD.
ORLANDO, FL 32835**

**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 *V. Sugrim*
Signature typed or printed name of registered agent and file if applicable.

VISHNUNARINE SUGRIM
(NOTE: Registered Agent signature required when relocating)

04/26/07
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**

**000000753239
05/22/07-80012-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUGRIM, VISHNUNARINE
STREET ADDRESS	5931 OLD WINTER GARDEN RD
CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *V. Sugrim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

VISHNUNARINE SUGRIM

Date

Daytime Phone #

**407
294 0385**