FILED
Apr 23, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084864

1. Entity Name
ST. CLOUD FOOD, INC.

Principal Place of Business	Mailing Address
718 13TH STREET ST CLOUD, FL 34769 US	500 STATE ROAD 436 STE 2022 CASSELBERRY, FL 32707

U00000723342
05/02/07-80069-004 150.00

DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/06)

4. FEI Number
20-1178699
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISLAM, MD T
500 STATE RD. 436, STE. 2022
CASSELBERRY, FL 32707

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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: Lee President 04.17.07
(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	TS
NAME	BHUIYAN, SHAIFUL
STREET ADDRESS	500 STATE RD 436, STE. 2022
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VP
NAME	HOSSAIN, MOHAMMED
STREET ADDRESS	248 MAGNOLIA PARK TRAIL
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	P
NAME	ISLAM, MD T
STREET ADDRESS	708 SUNCREST LOOP # 102
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Lee PRESIDENT 04.17.07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #