

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091538

Entity Name: Z & Z FOOD, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

5900 LUCERNE PARK ROAD
WINTER HAVEN, FL 33481

New Principal Place of Business:

5900 LUCERNE PARK ROAD
WINTER HAVEN, FL 33881

Current Mailing Address:

5900 LUCERNE PARK ROAD
WINTER HAVEN, FL 33481

New Mailing Address:

5900 LUCERNE PARK ROAD
WINTER HAVEN, FL 33881

FEI Number: 32-0119604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAIFUZZAMAN, SIKDAR M
5900 LUCERNE PARK ROAD
WINTER HAVEN, FL 33481 US

Name and Address of New Registered Agent:

SHAIFUZZAMAN, SIKDAR M
5900 LUCERNE PARK ROAD
WINTER HAVEN, FL 33881 US

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:

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAIFUZZAMAN, SIKDAR M
Address: 5900 LUCERNE PARK ROAD
City-St-Zip: WINTER HAVEN, FL 33481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAIFUZZAMAN, SIKDAR M
Address: 5900 LUCERNE PARK ROAD
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SIKDAR M SHAIFUZZAMAN

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date