

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90239 003 ***150.00

DOCUMENT # P04000127186
1. Entity Name
Sanford kwik Food Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1007 Via Como Place		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Mary, FL		City & State	
Zip 32746	Country	Zip	Country

20044098
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-1588445		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name BHUIYAN, SHAFUL Street Address (P.O. Box Number is Not Acceptable) 1007 VIA COMO PLACE City LAKE MARY FL Zip Code 32746		

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** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	P	TITLE	
NAME	BHUIYAN, SHAFUL	NAME	
STREET ADDRESS	1007 VIA COMO PLACE	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	HUSSAIN, MOHAMMED T	NAME	
STREET ADDRESS	4108 WYNDHAM CREST	STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	CITY-ST-ZIP	
TITLE	S.T	TITLE	
NAME	ARFAN, SHAIKH	NAME	
STREET ADDRESS	4539 CAMBIUM CT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shaful Bhuiyan **SHAFUL BHUIYAN** 04-15-05 407-328-4586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**