


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P04000127186 1. Entity Name SANFORD KWIK FOOD, INC	
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Principal Place of Business 1007 VIA COMO PLACE LAKE MARY, FL 32746 US	Mailing Address C/O SHAIFUL BHUIYAN 1007 VIA COMO PLACE LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1588445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BHUIYAN, SHAIFUL
1007 VIA COMO PLACE
LAKE MARY, FL 32746**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/24/08-80080-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHUIYAN, SHAIFUL 1007 VIA COMO PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSSAIN, MOHAMMED T 248 MAGNOLIA PARK SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T ARFAN, SHAIKH 4539 CAMBIUM CT ORLANDO, FL 32818
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: _____ **4/8/08** **OR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #