

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161201

FILED
Apr 08, 2007
Secretary of State

Entity Name: FOODMAX CORPORATION

Current Principal Place of Business:

225 OXFORD AVE
FERN PARK, FL 32730 US

New Principal Place of Business:

Current Mailing Address:

225 OXFORD AVE
FERN PARK, FL 32730 US

New Mailing Address:

FEI Number: 20-1940978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALI, YOUNUS
3032 N. GOLDENROD RD
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

AKTER, SALINA
3032 N. GOLDENROD RD
WINTER PARK, FL 32792 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: SALINA AKTER

04/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALI, YOUNUS
Address: 3032 N. GOLDENROD RD
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP () Delete
Name: SHEIKH, MD NURU
Address: 3032 N. GOLDENROD RD
City-St-Zip: WINTER PARK, FL 32792 US

Title: S (X) Delete
Name: ISLAM, ANNA
Address: 3370 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766 US

Title: D () Delete
Name: BEGUM, ROKEYA
Address: 642 DORY LANE, #203
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: NUR, NAZMUN
Address: 37-33-59 STREET
City-St-Zip: WOODSIDE, NY 11377

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AKTER, SALINA
Address: 2409 GRESHAN DR
City-St-Zip: ORLANDO, FL 32807 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SALINA AKTER

PD

04/08/2007

Electronic Signature of Signing Officer or Director

Date