


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000161118</b>	
1. Entity Name <b>CELERY KWIK FOOD, INC.</b>	

Principal Place of Business <b>1419 CELERY AVENUE SANFORD, FL 32711 US</b>	Mailing Address <b>1419 CELERY AVENUE SANFORD, FL 32711 US</b>
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**DO NOT WRITE IN THIS SPACE**

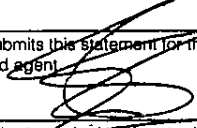


05012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-4315151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HOSSAIN, ANWAR 2 SYCAMORE COURT 101 WINTER SPRINGS, FL 32708</b>
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**DO NOT WRITE IN THIS SPACE**

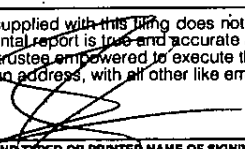
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>4/22/07</b>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEGOM, SURAYA 248 MAGNOLIA PARK TR SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSSAIN, ANWAR 2 SYCAMORE COURT # 101 WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BHUIYAN, SHABNAM M 1007 VIA COMO PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MD. ISLAM, TARIQUL 4808 JEANETTE CT ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SATTAR, KAZI 500 KEY HAVEN DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BECKETT, SAHIDA 5202 POND CREST LN SANFORD, FL 32773

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05/25/07-80011-015 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4/22/07</b> <small>Date</small>	DAYTIME PHONE # <small>Daytime Phone #</small>
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