

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161118

Entity Name: CELERY KWIK FOOD, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

1419 CELERY AVENUE  
SANFORD, FL 32711 US

## New Principal Place of Business:

## Current Mailing Address:

1419 CELERY AVENUE  
SANFORD, FL 32711 US

## New Mailing Address:

FEI Number: 20-4315151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOSSAIN, ANWAR  
2 SYCAMORE COURT  
101  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BEGOM, SURAYA  
Address: 248 MAGNOLIA PARK TR  
City-St-Zip: SANFORD, FL 32773 US

Title: VP ( ) Delete  
Name: HOSSAIN, ANWAR  
Address: 2 SYCAMORE COURT # 101  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SEC ( ) Delete  
Name: BHUIYAN, SHABNAM M  
Address: 1007 VIA COMO PLACE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: TR ( ) Delete  
Name: MD. ISLAM, TARIQUL  
Address: 4808 JEANETTE CT  
City-St-Zip: ST CLOUD, FL 34771 US

Title: TR ( ) Delete  
Name: SATTAR, KAZI  
Address: 500 KEY HAVEN DRIVE  
City-St-Zip: SANFORD, FL 32771 US

Title: TR ( ) Delete  
Name: BECKETT, SAHIDA  
Address: 5202 POND CREST LN  
City-St-Zip: SANFORD, FL 32773 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: SURAYA BEGUM

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date