

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065465

Entity Name: TAVARES FOODS, INC

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

1165 E. ALFRED ST.  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

1165 E. ALFRED ST.  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 20-4862201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOHAMMAD, ASIF  
1165 E. ALFRED ST.  
TAVARES, FL 32778 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: PTD ( ) Delete  
Name: AHMED, GOLAM  
Address: 3121 FOX GLOVE LANE  
City-St-Zip: LAKE MARY, FL 32724

Title: VD ( ) Delete  
Name: NASIM, MIRZA A  
Address: 4216 WALTHAM FOREST DR.  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: SULTANA, NASIMA  
Address: 2764 FALCON CREST PLACE  
City-St-Zip: LAKE MARY, FL 32746

**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:

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: GOLAM AHMED

PRS

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date