

ANNUAL REPORT

DOCUMENT # P06000066823

1. Entity Name
WATERFRONT FOODS, INC.



FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90072 039 ***150.00

Principal Place of Business
12347 NW 10TH DR
CORAL SPRINGS, FL 33073

Mailing Address
12347 NW 10TH DR
CORAL SPRINGS, FL 33073

2. Principal Place of Business - No P.O. Box #
1805 N. YOUNG CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1805 N. YOUNG CIRCLE
Suite, Apt. #, etc.



02042008 Chg-P CR2E034 (12/06)

City & State
HOLLYWOOD FL
Zip
33020
Country
BROWARD

City & State
HOLLYWOOD FL
Zip
33020
Country
BROWARD

4. FEI Number
20-4872490
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANIAR, RAJU
7737 N. UNIVERSITY DRIVE, #201
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

3-4-08

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OD
KASIM, NURUDDIN
12347 NW 10TH DR
CORAL SPRINGS, FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OD
LAKHANI, BAHADUR
12347 NW 10TH DR
CORAL SPRINGS, FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OD
RAJWANI, BADRUDDIN
12347 NW 10TH DR
CORAL SPRINGS, FL 33073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Handwritten Signature]