

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090307

FILED
Jan 31, 2007
Secretary of State

Entity Name: MZM AMERICA FOOD & GASOLINE, INC.

Current Principal Place of Business:

1927 SOUTH EAST HARGRAVE STREET
ARCADIA, FL 34266 US

New Principal Place of Business:

36255 ST. RD. 70 EAST
MYAKKA CITY, FL 34251 US

Current Mailing Address:

1927 SOUTH EAST HARGRAVE STREET
ARCADIA, FL 34266 US

New Mailing Address:

9161 NW 24TH. CT.
SUNRISE, FL 33322 US

FEI Number: 20-5174656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMAD, MOSHTAQUE
9161 N W 24TH. COURT
SUNRISE, FL 33322 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 D () Delete
Name: RAHMAN, MOHAMMED M
Address: 1927 SOUTH EAST HARGRAVE STREET
City-St-Zip: ARCADIA, FL 34266 US

Title: VPD () Delete
Name: ABEDIN, MD. Z
Address: 1927 SOUTH EAST HARGRAVE STREET
City-St-Zip: ARCADIA, FL 34266 US

Title: SD (X) Delete
Name: AHMAD, MOSHTAQUE
Address: 9161 N W 24TH. COURT
City-St-Zip: SUNRISE, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: AHMAD, MOSHTAQUE
Address: 9161 NW 24TH. CT
City-St-Zip: SUNRISE, FL 33322

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: MOSHTAQUE AHMAD

SD

01/31/2007

Electronic Signature of Signing Officer or Director

Date