

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000090307

**FILED**  
**Nov 10, 2008**  
**Secretary of State**

**Entity Name:** MZM AMERICA FOOD & GASOLINE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

36255 STATE RD. 70 EAST  
MYAKKA CITY, FL 34251 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:**

AKTER, AKLIMA  
1927 SE HARGRAVE STREET  
ARCADIA, FL 34266 US

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: AKLIMA AKTER

11/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D ( ) Delete  
Name: AHMAD, MOSHTAQUE  
Address: 9161 NW 24TH. CT  
City-St-Zip: SUNRISE, FL 34266 US

Title: S, D ( ) Delete  
Name: AHMAD, MOSHTAQUE  
Address: 9161 NW 24TH. CT  
City-St-Zip: SUNRISE, FL 33322 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AKTER, AKLIMA  
Address: 1927 S E HARGRAVE STREET  
City-St-Zip: ARCADIA, FL 34266 US

Title: S,VP (X) Change ( ) Addition  
Name: BHUIYAN, AYESHA  
Address: 1927 S E HARGRAVE STREET  
City-St-Zip: ARCADIA, FL 64266 US

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: AKLIMA AKTER

P

11/10/2008

Electronic Signature of Signing Officer or Director

Date