


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 26 AM 11:47

DOCUMENT # P06000148057 1. Entity Name FAST TRACK FOODMART INC.	
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Principal Place of Business 1255 SOUTH PARTICK DR. SATELLITE BEACH, FL 32937 US	Mailing Address 1255 SOUTH PARTICK DR. SATELLITE BEACH, FL 32937 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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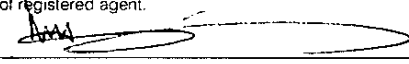
Zip	Country	Zip	Country
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12172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MUSTAFA, SHAWON 1515 MICHIGAN AVE SUITE 14 KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Mohammed T. Hossain Street Address (P.O. Box Number is Not Acceptable) 1255 S. Patrick Drive City Satellite Beach FL Zip Code 32940
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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:  DATE: December 21, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	T, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOSSAIN, MOHAMMED T	NAME	
STREET ADDRESS	413 ROBBINS REST CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33896	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAHUDDIN, MOHAMMAD	NAME	200114438582
STREET ADDRESS	2452 HOLLY PINE CIRCLE	STREET ADDRESS	01/08/08--01042--017 **\$61.25
CITY-ST-ZIP	ORLANDO, FL 32820	CITY-ST-ZIP	
TITLE	T,S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTAFA, SHAWON	NAME	
STREET ADDRESS	2318 SAINT CROIX ST	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Ahsan, Sanzida
STREET ADDRESS		STREET ADDRESS	8045 Bracken Lane
CITY-ST-ZIP		CITY-ST-ZIP	Melbourne, Florida 32940
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: 12/21/07 863-409-6285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #