

2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2008-90002-002-\$150.00-\$150.00

DOCUMENT # P07000080488 1. Entity Name A & M HALAL FOOD INC.				 <div style="text-align: center;"> <p>FILED</p> <p>08 OCT -2 AM 11:19</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> </div>	
Principal Place of Business 7504 A NORTH FLORIDA AVE TAMPA, FL 33604		Mailing Address 7504 A NORTH FLORIDA AVE TAMPA, FL 33604			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ALEXANDER, ALEX 3380 PINE HURST DR LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 77 07 02947 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, ALEX 3380 PINEHURST DR LAKEWORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIE/Incorporated SAMAA AHMED 9765 Foxhollow Rd. Tampa FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUSA, ISMAIL 1160 ANGELARIDGE CT KISSIMEE, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		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 118, 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: <u>Alex Alexander</u> 8/20/08 561-632-8098 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

10/2/08