

2008 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90007 016 ***150.00

DOCUMENT # P07000090907
1. Entity Name
A & A IMPORTED FOODS INC

DO NOT WRITE IN THIS SPACE

40100079

2. Principal Place of Business 21 ARLINGTON RD N Suite, Apt. #, etc. STE 4		3. Mailing Address 21 ARLINGTON RD N Suite, Apt. #, etc. STE 4		4. FEI Number 26-0713818	Applied For Not Applicable
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32211	Country USA	Zip 32211	Country USA		

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7. Name and Address of Current Registered Agent
Name
KAZIM HAIDAR
Street Address (P.O. Box Number is Not Acceptable)
21 ARLINGTON RD N
STE 4
City
JACKSONVILLE FL Zip Code
32211

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.

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

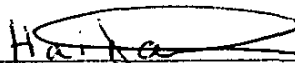
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. KAZIM, HAIDAR 21 ARLINGTON RD N STE 4 JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: HAIDAR KAZIM  4/30/08 (904) 722-9995

CR2E034B (12/01)