2009 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR) 2009

DOCUMENT # P07000090907

1. Entity Name

A+A IMPORTED FOODS INC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 9:58

DO NOT WRITE IN THIS SPACE

000155531830
05/06/09--01021--020 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21 ARLINGTON RD N	21 ARLINGTON RD N
Suite, Apt. #, etc.: STE 4	Suite, Apt. #, etc.: STE 4
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32211 Country: USA	Zip: 32211 Country: USA

4. FEI Number 26-0713818 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

KASSEM KAZIM
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 [signature] 05/15/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

			DELETE DELETE
TITLE	P D	TITLE	
NAME	KASSEM KAZIM	NAME	HAIDAR KAZIM
STREET ADDRESS	21 ARLINGTON RD N STE 4	STREET ADDRESS	21 ARLINGTON RD N STE 4
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] KASSEM KAZIM PRESIDENT 4/30/09 (904) 722-9998