2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000014409

FILED Dec 03, 2009 Secretary of State

Entity Name: ABRAR FOOD MART, INC. **Current Principal Place of Business: New Principal Place of Business:** 47 COUNTRY LAKE CIRCLE 2931 GRIFFIN RD BOYNTON BEACH, FL 33436 FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** MD ABBAS ALI 2931, GRIFFIN RD FORTLAUDERDALE, FL 33312 US FEI Number: 33-1203185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALI, MD ABBAS ALI, MD ABBAS 47 COUNTRY LAKE CIRCLE 2931, GRIFFIN RD BOYNTON BEACH, FL 33436 US FIRTLAUDERDALE FORTLAUDERDALE, FL 33312 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: 12/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ALI, MD ABBAS Name: Name: 47 COUNTRY CIRCLE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: () Change (X) Addition KHAN, MAMUN UDDIN Name: Name: Address: Address: 3680 VILLAGE DR .UNITE C DELRAY BEACH, FL 33445 City-St-Zip: 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: MD ABBAS ALI P 12/03/2009