FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91146 017 ***150.00

DOCUMENT # P93000086394

1. Entity Name
A-1 FOODS, INC.

90126884

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7832 W. SAMPLE RD Suite, Apt. #, etc.	7832 W. SAMPLE RD. Suite, Apt. #, etc.
City & State: MARGATE, FL 33065	City & State: MARGATE, FL 33065
Zip: 33065 Country: BROWARD	Zip: 33065 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0461686 ☐ 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

Name: HAQUAT ALI

Street Address (P.O. Box Number is Not Acceptable): 7832 W. SAMPLE RD

City: MARGATE **FL** Zip Code: 33065

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

January 1st - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HAQUAT ALI 7832 W. SAMPLE RD. MARGATE, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/03 (954) 752-3028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #