


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000000375 1. Entity Name C & C FOOD CORPORATION	
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Principal Place of Business 1444 E. FLETCHER AVE TAMPA, FL 33612 US	Mailing Address 1444 EAST FLETCHER AVENUE TAMPA, FL 33612 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHAUDHRY, OMAR
1444 E. FLETCHER AVE
TAMPA, FL 33612**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

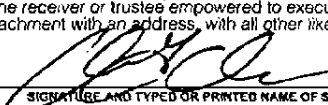
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAUDHRY, OMAR T 15932 ELLSWORTH DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAUDHRY, MOHAMMAD 10310 COUNCILS WAY TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/06-80096-025 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **OMAR T. CHAUDHRY** **4/20/06** **813-323-3112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 3