


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90290 010 \*\*\*158.75

|  |   |
|--|---|
| DOCUMENT # P95000030316                  |  |
| 1. Entity Name<br>RAHMAN FOOD MART, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>15700 SW 288TH ST<br>HOMESTEAD, FL 33033 | Mailing Address<br>15700 SW 288TH ST<br>HOMESTEAD, FL 33033 |
| 927 NW 130TH TERR<br>SUNRISE, FL - 33325                                |   |



04052004 No Chg-P CR2E034 (10/03)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>65-0573526      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

|  |
|--|
| 6. Name and Address of Current Registered Agent<br>RAHMAN, MOHAMMED M<br>46700 SW 288TH ST<br>HOMESTEAD, FL 33033<br>927 NW 130TH TERRACE<br>SUNRISE, FL - 33325 |
|--|

**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 M. Rahman DATE 4-9-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>RAHMAN, MOHAMMED M<br>927 NW 130TH TERRACE<br>FORT LAUDERDALE, FL 33325 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>AKTER, KHALEDA<br>927 NW 130TH TERRACE<br>FORT LAUDERDALE, FL 33325     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE M. Rahman DATE 4-9-04 (954) 461-7807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR