


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90013 004 ***563.75

DOCUMENT # P97000035505 1. Entity Name SONAL FOOD MART, INC.					
Principal Place of Business 4703 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33711			Mailing Address 4703 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOSSAIN, SHAKAWAT 3794 27TH AVE. SOUTH SAINT PETERSBURG, FL 33711				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOSSAIN, SHAKAWAT 3794 27TH AVE. SOUTH SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			SHAKAWAT HOSSAIN 9/5/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

20054247
#P97 000035505

SONAL FOOD MART INC.
4703 22ND AV S.
ST. PETE. FL 33711



PLACE
PROPER
POSTAGE
HERE
BEFORE
MAILING

WE DID NOT RECEIVE YOUR FIRST NOTICE.
WE ENCLOSED HEREWITH \$150/- CASHIER CHECK
FOR RENEWAL TO:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

