

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000077810

1. Entity Name
SUPER FAST FOODS, INC.



Principal Place of Business
1116 CELERY AVENUE
SANFORD, FL 32771

Mailing Address
1116 CELERY AVENUE
SANFORD, FL 32771



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3597157

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSSAIN, TOFAZZAL
225 DEBORA CT
ALTAMONTE SPRINGS, FL 32701

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000347916
05/02/05-80006-001 150.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME SULTANA, NASIMA
STREET ADDRESS 849 S. WYMORE RD., APT. 30C
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE P
NAME HOSSAIN, TOFAZZAL
STREET ADDRESS 849 S. WYMORE RD., APT. 30C
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #