


FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90021 012 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P99000077810
 1. Entity Name
 SUPER FAST FOODS, INC.



Principal Place of Business Mailing Address
 1116 CELERY AVENUE 1116 CELERY AVENUE
 SANFORD, FL 32771 SANFORD, FL 32771

40104000



C4222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3597157 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOSSAIN, TOFAZZAL
 225 DEBORAH CT
 ALTAMONTE SPRINGS, FL 32701
*240 Magnolia pk.
 Sanford, FL 32773 TR.*

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: *Hossain* DATE: _____
Signature typed or printed in the space below agent and the fee applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: *Hossain* Date: *4/29/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer/Printed Name