2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077810

Entity Name: SUPER FAST FOODS, INC.

FILED Jun 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1116 CELERY AVENUE SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 1116 CELERY AVENUE SANFORD, FL 32771 FEI Number: 59-3597157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOSSAIN, TOFAZZAL 240 MAGNOLIA PK TR SANFORD, FL 32773 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SULTANA, NASIMA Name: Name: AHMED, GOLAM 849 S. WYMORE RD., APT. 30C 3121 FOX GLOVE LANE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: LAKE MARY, FL 32746 Title: Title: (X) Change () Addition () Delete Name: HOSSAIN, TOFAZZAL Name: HOSSAIN TOFAZZAL 849 S. WYMORE RD., APT. 30C 240 MAGNOLIA PK TR Address: Address: ALTAMONTE SPRINGS, FL 32714 SANFORD, FL 32773 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete SD Name: MOHAMMED, ASIF S Name: 3121 FOX GLOVE LANE Address: Address: City-St-Zip: City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: TOFAZZAL HOSSAIN 06/25/2009