

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90033 040 \*\*\*150.00

**DOCUMENT # P99000105357**

1. Entity Name  
**FAMILY FOOD STORE, INC.**



Principal Place of Business

**6390 JOHNSON STREET  
639P  
HOLLYWOOD, FL 33024**

Mailing Address

**6390 JOHNSON STREET  
639P  
HOLLYWOOD, FL 33024**

**DO NOT WRITE IN THIS SPACE**



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0966375**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BEGUM, SULTANA  
6390 JOHNSON STREET  
HOLLYWOOD, FL 33024**

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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, 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	O
NAME	BEGUM, SULTANA
STREET ADDRESS	6390 JONSON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	DP
NAME	BEGUM, SULTANA
STREET ADDRESS	6390 JONSON ST
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:** *S. Begum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SULTANA BEGUM*

Date

Daytime Phone #