

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90049 030 ***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**

50000001



01072005 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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
BEGUM, SULTANA
6390 JONSON ST
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BEGUM, SULTANA
6390 JONSON ST
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

1-20-05