

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V20175

1. Entity Name
SUPER CHOICE FOODS, INC.



Principal Place of Business
**610 W. MEMORIAL BLVD.
LAKELAND, FL 33801**

Mailing Address
**610 W. MEMORIAL BLVD.
LAKELAND, FL 33801**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3123776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKER, HAROLD E PA
5640 S FLORIDA AVE
LAKELAND, FL 33813**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAHA, DEAN
STREET ADDRESS 610 W. MEMORIAL BLVD.
CITY-ST-ZIP LAKELAND, FL 33815

TITLE VPD
NAME ZAED-TAHA, JIMANO
STREET ADDRESS 610 W. MEMORIAL BLVD.
CITY-ST-ZIP LAKELAND, FL 33815

TITLE SD
NAME ABDELELHADE, AMEN T
STREET ADDRESS 610 W. MEMORIAL BLVD.
CITY-ST-ZIP LAKELAND, FL 33815

TITLE TD
NAME TAHA, ABDULRAZIK D
STREET ADDRESS 610 W. MEMORIAL BLVD.
CITY-ST-ZIP LAKELAND, FL 33815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000421090
02/16/06-80022-010 150.00

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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:

ABDULRAZIK D TAHA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 863-684-5489
Date Daytime Phone #