

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000146178

**Entity Name:** SHARMIN SUPERMARKET, INC.

**Current Principal Place of Business:**

285 SOUTH LAKE SHORE WAY  
LAKE ALFRED, FL 33850

**Current Mailing Address:**

285 SOUTH LAKE SHORE WAY  
LAKE ALFRED, FL 33850 US

**FEI Number:** 20-8028227

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOSSAIN, MD M  
285 SOUTH LAKE SHORE WAY  
LAKE ALFRED, FL 33850 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

**Officer/Director Detail :**

Title P  
Name HOSSAIN, MD M  
Address 101 JAMES CIRCLE  
City-State-Zip: LAKE ALFRED FL 33850

Title VP  
Name AKTER, SHARMIN  
Address 101 JAMES CIRCLE  
City-State-Zip: LAKE ALFRED FL 33850

*I hereby 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 all other like empowered.*

**SIGNATURE:** HOSSAIN, MD M

**PRESIDENT**

**03/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date