

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000071479

1. Entity Name
OBI FOOD MART, INC.



Principal Place of Business
3032 N. GOLENROD ROAD
WINTERPARK, FL 32792

Mailing Address
3032 N. GOLENROD ROAD
WINTERPARK, FL 32792



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0725827	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALI, YOUNUS
3032 N. GOLDENROD ROAD
WINTERPARK, FL 32792

**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, 2008 Fee will be \$550.00

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

000000853311
03/26/08-80065-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALI, YOUNUS
STREET ADDRESS	3032 N. GOLDENROD ROAD
CITY-ST-ZIP	WINTERPARK, FL 32792

TITLE	
NAME	
STREET ADDRESS	
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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 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: YOUNUS ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/08

602-831-1359