

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000055614 07 AUG 15 AH 10:58 BEVERLY'S ORIENTAL FOOD MARKET, INC. SECRETARY OF STATE QUITALE AHASSEE, FLORIDA Principal Place of Business Mailing Address 216 S. FAIRBARN DRIVE 216 S. FAIRBARN DRIVE DELTONA, FL 32725 DELTONA, FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162007 Chg-P CR2E034 (12/08) City & State City & State 4. FEI Number Applied For 65-1196801 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILL, BEVERLY 216 S. FAIRBARN DRIVE Street Address (P.O. Box Number is Not Acceptable) DELTONA, FL 32725 City Zip Code 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 SIGNATURE Sigheture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstasing) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE n ☐ Delate TITLE Change Addition GILL, BEVERLY NAME NAME STREET ADDRESS 216 S. FAIRBARN DRIVE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JEFFREY, GILL H NAME NAME 216 SOUTH FAIRBARN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZP DELTONA, FL 32725 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS w. ' CITY-ST-ZIP CITY-ST-ZIP Change ITTLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP IILE ☐ Defete MILE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete RITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 of 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 enjetteching with an address, with all other like empowered to 20-2007