2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000022792

1. Entity Name
CAPPY'S GOURMET MARKET, INC.

Principal Place of Business	Mailing Address
3932 EDEN ROC CIRCLE EAST TAMPA, FL 33634	3932 EDEN ROC CIRCLE EAST TAMPA, FL 33634

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

03032008   Chg-P   CR2E034 (12/06)

4. FEI Number	Applied For
59-3730863	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, JOSEPH L 2522 WEST KENNEDY BLVD. TAMPA, FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MAHDIEH, AMIR STREET ADDRESS 3932 EDEN ROC CIRCLE EAST CITY-ST-ZIP TAMPA, FL 33634	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME MAHDIEH, VICTORIA STREET ADDRESS 3932 EDEN ROC CIRCLE EAST CITY-ST-ZIP TAMPA, FL 33634	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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: _____   AMIR A. MAHDIEH   PRESIDENT   4/17/08   (813) 242-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #