## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: \_

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P01000069498 1. Entity Name 06 MAY 19 AM 9: 40 RAMY FOOD STORE INC. Principal Place of Business Mailing Address 2162 NW 6TH ST 2162 NW 6TH ST FORT LAUDERDALE, FL 33311-7738 FORT LAUDERDALE, FL 33311-7738 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1121882 Not Applicable \$8.75 Additional .  $\square$ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HMEIDAN, NADER M DO NOT WRITE 2162 NW 6TH ST FORT LAUDERDALE, FL 33311-7738 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 lamiliar 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HMEIDAN, NADER M 2162 NW 6TH ST STREET ADDRESS 200075556572 05/31/06--01030--005 \*\*300.00 CITY-ST-ZIP FORT LAUDERDALE, FL 333117738 NAME STREET ADDRESS CLTY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 the 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 employered 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.

NAME OF SIGNING OFFICER OR DIRECTOR