

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000069534**

1. Entity Name

FIL-AM ORIENTAL FOOD MART INC.



Principal Place of Business

9318 EAST COLONIAL DR., NO. A-9  
ORLANDO, FL 32817

Mailing Address

9318 EAST COLONIAL DR., NO. A-9  
ORLANDO, FL 32817



04252006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3741068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, NENITA O  
12718 WHITERAPIDS DR.  
ORLANDO, FL 32828

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000556821  
05/17/06-80026-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PVST  
NAME SANTIAGO, NENITA O  
STREET ADDRESS 12718 WHITERAPIDS DR.  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE D  
NAME SANTIAGO, NENITA O  
STREET ADDRESS 12718 WHITERAPIDS DR.  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06 (407) 207-1122