2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P01000069534** 1. Entity Name FIL-AM ORIENTAL FOOD MART INC. Principal Place of Business Mailing Address 9318 EAST COLONIAL DR., NO. A-9 9318 EAST COLONIAL DR., NO. A-9 ORLANDO, FL 32817 ORLANDO, FL 32817 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3741068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTIAGO, NENITA O DO NOT WRITE 12718 WHITERAPIDS DR. ORLANDO, FL 32828 IN THIS SPACE 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 U00000948045 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 06/02/08-80039-018 150.00 Trust Fund Contribution. п Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS FITTE **PVST** SANTIAGO, NENITA O NAME STREET ADDRESS 12718 WHITERAPIDS DR. CITY-ST-ZIP ORLANDO, FL 32828 THLE n NAME SANTIAGO, NENITA O 12718 WHITERAPIDS DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 TOTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

130/08

407-970-4889

FILED

Daytime Phone #