## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AN
Secretary of State

	ANNUAL	REPORT		Apr 20, 2000 00:00 A
DOCU	MENT # P01000069	629		Secretary of State
1. Entity Name RAMI FARM MEAT & FOOD STORE, INC				
			The state of the s	
Principal Place 7501 N.W. 2		Mailing Address 7501 N.W. 22ND AVE		
MIAMI, FL 3		MIAMI, FL 33147-6015		
				01032006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA				4. FEI Number Applied For
				65-1122446 Not Applicable
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Name and Address of Current Registered Agent				
TALHAMI, RAMI 780 N.E. 69TH ST #2406 MIAMI, FL 33138				DO NOT WRITE
				IN THIS SPACE
			<u> </u> 	IN THIS SPACE
	named entity submits this statement for lons of registered agent.	he purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_		··		
	Signature, typed or printed name of registered agent an	d title if expalicable. (NOTE, Registers	ad Agent signature required	d when reinstating) DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees
19.	OFFICERS AND D	RECTORS		
TITLE NAME	DPST TALHAMI, RAMI			
STREET ADDRESS	7501 N.W. 22ND AVE			U00000544611 05/11/06-80042-015 150.00
CITY-ST-ZIP	MIAMI, FL 331476015		}	03/11/00-00042-013 130.00
TITLE NAME			j	
STREET ADDRESS CITY-ST-ZIP			ĺ	
TITLE	<del></del>		1	•
NAME				
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NAME STREET ADDRESS				

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:

CMY-ST-ZIP

PART TALUARI
PRESIDENT
SUNCTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/06 (305)194-2236 Date Date Daytime Phone #