## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000077779**

1⊋ Entity Name

THE FIRST ORIENTAL MARKET, INC.



**FILED** Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90210 039 \*\*\*150.00

Principal Place of Business

4205 W WATERS AVE TAMPA, FL 33614

Mailing Address

4205 W WATERS AVE TAMPA, FL 33614



04202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3506399 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAE, JONG K 4205 W WATERS AVE TAMPA, FL 33614			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					
				\$5.00 May Be Added to Fees	DATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D BAE, JONG K 4205 W WATERS AVE TAMPA, FL 33614	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME . SÍREET ADDRESS CITY-ST-ZIP					
TÜLE  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:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #