FILED 2007 FOR PROFIT CORPORATION Apr 30, 2007 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P01000111713** Entity Name ORIENTAL BAKERY AND GROCERY ENTERPRISES, INC. Principal Place of Business Mailing Address 1760 SW 3RD AVENUE 1760 SW 3RD AVENUE MIAMI, FL 33129 MIAMI, FL 33129 CR2E034 (11/05) 04242007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 03-0011250 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONEM, OKASH ABDEL DO NOT WRITE 1760 SW 3RD AVENUE MIAMI, FL 33129 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

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remistating					4/27/2007
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		000000741331 05/15/07-80024-022 150.00	
10. OFFICERS AND DIRECT		CTORS		Į.	
TITLE	PD				
NAME	MONEM, OKASH ABDEL				
STREET ADDRESS	1760 SW 3RD AVENUE				
CITY-ST-ZIP	MIAMI, FL 33129				
TITLE					
NAME					
STREET ADDRESS			1		
CITY-ST-ZIP					
TITLE			1		

STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP

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 atte all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For Not Applicable