## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Mar 06, 2008 08:00 AN DOCUMENT # P01000111713 **Secretary of State** 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) No Cha-P 02042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0011250 Not Applicable \$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 subp 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 registere SIGNATURE\_ agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE MONEM, OKASH ABDEL NAME 1760 SW 3RD AVENUE STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33129 TITLE U000000849217 NAME 03/21/08-80011-021 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME 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 a supplemental report is reported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

RRITED NAME OF SIGNING OFFICER OR DIRECTOR